

University of Dundee

DOCTOR OF PHILOSOPHY

The Importance of Place

A practice-led investigation into the liminal space between artist-doctor and patient-artist, in the process of making art and recovery in the House of Artists and the Gugging Atelier, at Maria Gugging in Austria

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**The Importance of Place: A practice-led investigation into the liminal space
between artist-doctor and patient-artist, in the process of making art and
recovery in the House of Artists and the Gugging Atelier, at Maria Gugging in
Austria.**

by

Drew Max Walker

A Thesis Submitted in Partial Fulfilment of the Requirements for the Degree of
Doctor of Philosophy

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Declaration

I, Drew Max Walker, declare that I am the author of this thesis, and that all references cited have been consulted by me and acknowledged in text. This thesis has not been previously presented or accepted for a degree or doctorate at another institution.

12th of October 2020

Abstract

This thesis focuses on art, mental illness and recovery within the innovative model of therapeutic healthcare in the Gugging *House of Artists*, a small-scale psychiatric facility in Austria. Gugging's 12 Residents live together as self-taught artists in a system of holistic processes, transformative community and socially integrated creativity. The practice-led research, which is the subject of this thesis was carried out between 2016 and 2020 using the double perspective of an artist who also lives with chronic mental illness. It aimed to identify a holistic model of ongoing recovery for adoption in Scotland.

The research question asks - *what is the nature of the artistic and psychological process between patient-artist and artist-doctor in Gugging?* In search of answers, this study explores Gugging's capacity to destigmatize mental illness through art, treatment, and community; how the creativity-relationship played a role in Residents' recovery through the renegotiation of self; the significance of place to operational-mutuality; and the researcher's own perceptions arising from investigating these.

Gugging was primarily examined through the researcher's own developed methodology called *Falling UP*; which is also his art practice and artistic community of 32 collaborators comprising artists, medical professionals, and the researcher's own family. Primary research deployed ethnography, interpretive autoethnography, duoethnography, art collaboration, and action research. Art, mental illness and recovery were interrogated through participation, the piloting of creative practices, artworks, interviews, observations, field trips, exhibitions, and advocacy.

Gugging's system of two processes, *living in art* and *und die Welt*¹, has progressively developed through 4 decades of socio-political change, which included de-institutionalisation, major changes in psychiatry, pharmacology, social care, community medicine, and art therapy; times of international political censure of Austria, and the re-definition of art and the art market. Gugging proved to be flexible and versatile, remodelling itself into a unique multi-layered system combining

¹ And the world

significant elements of societal change. Living together as artists within Gugging's two processes both destigmatizes and empowers the House of Artists' intergenerational community towards improved health, and sustainable longevity. Residents' aspirational lifestyles of intention advocate social justice, value and diversity, supported by co-designed restorative structures of family, resilience and opportunity.

Gugging operates ecologically through its four component infrastructures (*House of Artists; Galerie Gugging; Atelier; Museum Gugging*) within *living in art* and *und die Welt* to support its Residents' *family-life* and *family-art business*, inside a cultural *cottage industry*. Gugging provides long-term meaningful, interconnected professional participation in culture for its artist-Residents, their care-staff, and cultural support-staff, collectively forming the wider Gugging-family. Gugging is neither art therapy nor therapeutic art. The research revealed that it is a highly efficacious methodology for improved wellbeing *and* a supportive ethical business model that involves Residents at the core of day-to-day functioning as professional self-taught artists. Art is their job, and Galerie Gugging their structure and means to earn-a-living in the global art market. Gugging Artists' work is admired and collected across the world by public galleries such as MoMA in New York, and renowned private collections such as the David Bowie art collection.

This study's contribution to new knowledge is threefold: firstly, the creation and deployment of Falling UP as a research methodology, art practice, and collaborative community; secondly, the researcher's declared qualifications as an artist-researcher with mental illness and the unique perspectives that this offers; thirdly, this is the first study specifically into Gugging's artistic and psychological processes which also constructs deep insights into the historical socio-political and cultural evolution of Gugging. The researcher theorises this in the form of a triple-helix, positioning *living in art* and *und die Welt* to intertwine with society, inter-connected by Gugging's infrastructures. The helix represents time and evolution through socio-political and cultural engagement to the mutual enrichment of Residents and wider society.

Scotland's reductionist position towards artistic and psychological therapeutic care of mentally ill patients does not offer the scope, efficacy, or ambition of Gugging's

system. Therefore, this thesis will conclude by proposing recommendations for change to Scotland's system of mental health treatments.

Glossary of terms

Artists of Gugging or Gugging Artists; those Residents who are represented by Galerie Gugging. In recent times, this has also included a small number of Day Artists.

Art/Brut; specific wordage used to describe the Art/Brut Centre to symbolise the interrelationship between art and the category of Art Brut in Gugging.

Art/Brut Centre (ABC); the name of the building and culture centre which houses the Atelier, Galerie Gugging, Museum Gugging, Café-Bistro am Campus, the ABC Project, and staff offices.

ABC Project; is a back-to-work scheme for unemployed individuals with mental illness or learning difficulties. Such workers assist in the upkeep and maintenance of the **Art/Brut Centre** and typically remain in post for one year before embarking upon further employment outwith Gugging.

Artist-Doctor; Director of Gugging Professor Doctor Johann Feilacher, who is a self-taught artist and a psychiatrist.

Art as therapeutic activity; the use of art as an activity in a third sector context, such as Glasgow's Project Ability or Dundee's Art Angel. These are projects to assist service users' mental wellbeing and to combat isolation and loneliness. In some cases, service users pay for attending programmes and can be assisted by trained artists, therapists, or visiting artists. Usually, these are small scale operations with very limited crossover into wider public domains through small exhibitions. Artworks in such projects are of low (if any) financial value, and are not deemed significant culturally or artistically, nationally or internationally. These are not connected to the art market. Personal value is emphasised.

Art therapy; the prescription of art intrinsically tied to a medical context, in sessions delivered to patients by therapists. Artworks created by patients are used in a diagnostic category in the aid of patient treatment, sometimes to uncover personal trauma, or to communicate visually when verbalisation is not possible due to patients' psychological difficulties. These works are private, not for public consumption, and not art in their own right. They do not exist in the art market and if exhibited are always connected to the medical context. Selling of such pieces is rare and not prioritised.

Art world; the sector within society and culture relating to the creation and production of art; including the art market, professional artists, gallerists, curators and collectors, museums and galleries, journals and publications, art fairs, vernissages and sales of artworks.

Atelier; the open-studio in Gugging which is used by the vast majority of Residents to create their art from Monday to Friday each week. Residents share the Atelier with visiting Day Artists, and anyone who wants to be scheduled in to experience the liminal space, and create their own art. The Atelier is overseen by the Atelier Guardians.

Atelier Guardian *or* Guardian; staff member who works in the Atelier, who has artistic training and experience in social work.

Café-Bistro am Campus; the café is available to those in Gugging, and public visitors to the Art/Brut Centre.

Centre for Art and Psychotherapy; the name given to the location in the East Lower Austrian Psychiatric Hospital-Klosterneuburg Gugging, where Doctor Leo Navratil's patients were encouraged to create drawings and paintings. In 1986 this place was rechristened to the House of Artists by Doctor Johann Feilacher, and the status of *patient* was removed from Residents.

Das Haus der Kunstler; the German name for **The House of Artists (HoA)**; the private residential building in which Residents of Gugging live with on-site nursing support staff. This location was renamed from the Centre for Art and Psychotherapy in 1986 when Professor Doctor Johann Feilacher replaced his predecessor Doctor Leo Navratil.

Data Visualisation (DV or DVs - plural); a visual that I created as a conceptualisation which synthesised and elucidated upon aspects of data. DVs were frequently used in discussion with Falling UP collaborators and used to establish progressive understandings of Gugging's process with Gugging staff, and the Director.

Day Artists; persons with chronic mental illness who visit the Atelier to create their art alongside the Residents, on a regular, semi-regular or irregular basis, depending on the individual. A small number of Day Artists have a contract with Galerie Gugging.

Director of Galerie Gugging; Nina Katschnig.

Director of Gugging; Professor Doctor Johann Feilacher, the artistic director and curator.

DJCAD; Duncan of Jordanstone College of Art & Design, University of Dundee.

DSM; The Diagnostic and Statistical Manual of Mental Disorders - American Psychiatric Association handbook, used by healthcare professionals in the United States and much of the world, as the authoritative guide for the classification and the diagnosis of mental disorders. Subsequent updated editions have been continuously published over time since 1952.

East Lower Austrian Psychiatric Hospital-Klosterneuburg Gugging (ELAPH); the former name of the hospital, which today's Gugging was originally a part of.

Falling UP; my art practice and core methodology, consisting of multifarious methods.

Falling UP 1.0, 2.0, 3.0, 4.0 and 5.0; iterations of Falling UP public expositions, across different venues and audiences.

Falling UP collaborators; thirty-two individuals who collaborate with me artistically on a 1-to-1 basis, whose backgrounds consist of artists, medical professionals, and patients. Collectively, 50% of collaborators have mental illness.

Falling UP Gugging; participatory methods of Falling UP that were deployed during field trips in Gugging, in collaborations with Residents, Day Artists, and staff.

Falling UP Silverburn; a funded third sector outdoor collaborative artistic activity, that trialled key aspects of Gugging's concept of *living in art*. Activities were deployed by myself and my parents and delivered to mentally ill service users, in Silverburn Park in Leven, in partnership with Fife Employment Access Trust (FEAT).

Galerie Gugging (GG); the private business run for and jointly owned by the Artists of Gugging, which is the means by which art from Gugging is publicly displayed and sold on the national and international art market.

Gugelhupf; an Austrian delicacy, which is also used by some people from Lower Austria as a derogatory term to describe mentally ill people from today's Gugging and the former ELAPH site itself.

Gugging; denoting the whole structure of Feilacher's project, including its processes of *living in art* and *und die Welt*, and the four infrastructures of the House of Artists, the Atelier, Galerie Gugging, and Museum Gugging. The word Gugging is often mispronounced by those who read about it in the UK. The correct pronunciation of Gugging sounds like 'Gooo-ging'.

Gugging campus; the term used for the entirety of Gugging's internal and external geography.

Gugging Family; the collective informal term for those within the infrastructure of Gugging, such as the Residents and staff. It is also used to describe those outwith Gugging, who are closely associated to Gugging, such as visiting artists, writers and individuals who have a personally significant relationship to Gugging.

Gugging staff or staff; the collective employees of Gugging.

IST Austria (ISTA); the Institute of Science and Technology Austria, which is the university directly neighbouring Gugging.

Liminal space; the shared space in which activities and routines take place, between research subjects throughout Gugging.

Living in art; one of the two key processes of Gugging, which is experienced daily by Residents as they make their art, within their lifestyles and routines.

MSPs (Members of the Scottish Parliament); Scotland's politically elected representatives serving in the Scottish parliamentary process.

Museum Gugging (MG); the state-funded space for exhibiting privately-loaned Gugging masterworks by past and present Gugging Artists. Contemporary Art Brut from collections around the world is also shown alongside Gugging Art.

NHS (The National Health Service); the state-funded healthcare system in the United Kingdom.

Outside; the status of being *outside* society and culture.

Outsider; a person who experiences stigma from their placement by others in society.

Outsider art and Art Brut; the genre of art denoting those who are self-taught, untrained artists, marginalised individuals outwith wider art culture, such as those

with mental illness, persons in asylums or similar clinical settings, psychiatric hospitals, and persons incarcerated in prison.

Patient-Artist; terminology used to identify the joint status of Residents in both the clinical and artistic context.

Psychological process; the focus on aspects of Residents' mental health.

RA1 & RA2 (Research assistants 1 and 2); the former being my Dad, who accompanied me on every field trip to Gugging, whilst the latter is Professor Richard Kilborn - a semi-retired academic from Stirling University who is fluent in German. Professor Kilborn came to Gugging for a one-week field trip in February 2019, to assist me in communicating with those older Residents in Gugging who could only speak German; as I administered the visual prompt sheet-survey to participants.

Researcher; used at times to describe myself in a formal context (with the term always retaining a capitalised 'R').

Residents; persons who are self-taught artists, living with chronic mental illness (some of whom also have learning difficulties), and reside in the House of Artists (with the term always retaining a capitalised 'R'). There is space for 12 Residents in the House of Artists. Between 2016 and 2020 14 persons have been Residents there.

The House of Artists (HoA); the private residential building in which Residents of Gugging live with on-site-nursing support staff. This location was renamed from the Centre for Art and Psychotherapy in 1986 when Professor Doctor Johann Feilacher replaced his predecessor Doctor Leo Navratil.

Und die Welt; one of the two key processes of Gugging that denotes *the wider world* in which Gugging's structures connect its Residents with outside society and culture.

Villa Gugging or **Birdman House**; the small building used for Gugging events, and is available for private hire to individuals, families or businesses. *Birdman* is the professional persona of German contemporary artist Hans Langner, whose installation artwork is the façade of Villa Gugging.

Visual prompt sheet-survey (VPSS); custom-designed sheets that emphasised an inclusive visual aesthetic, and used during conversations with research participants to provide focus on selected themes, and elicit choices and opinions. These were inspired by Likert scales, word banks and questionnaires, and were my own bespoke

interpretation to introduce quantitative-style measurements into the research. Indeed, I sometimes use the designation of *quantitative-style* in-text to clarify this. **Note** - Some Data Visualisations include the terms – *survey*, *word bank*, *scale*, *questionnaire*, and *quantitative*. However, these are all to be understood in the context of the tailored visual prompts utilised to obtain data in a non-qualitative method.

Prolegomenon

I am Drew but for a time I wasn't. In 2007, I became mentally ill and had to leave my undergraduate studies at Duncan of Jordanstone College of Art & Design at the University of Dundee (DJCAD). I fell into limbo, a liminal space that no one in their right mind would want to occupy. My identity had gone, life wasn't worth living and I didn't have a future. I never thought I was going to get better. But I did.

What is a life, if not the processing of a process? I grew up in a family immersed in art. As a child my creative-growth filled sketchbooks with visual stories that enacted unfolding narrative pathways within my mind. These enactments were re-enacted and given physical form and transposition through communities of toy figures, within quick rushes of *flapping fingers* and spoken words. Sound and movement became integral parts of my creative process, influenced by films seen and graphic novels read. These abstract-worlds compelled me to explore my own versions of realities in those communities of visuals, bringing my art to life and life to art, constantly moving from one chronicle to the next. I found both then and now, the power of imagination and truth, and its manifestation through art to have intrinsic presence and function in my life, as echoed by Rich, (2005, p. v) who states, 'I don't believe a life that plays out in our imagination is any less real than the shoes on our feet or the earth below'.

Studying art seemed a family habit and in 2006 I started at Duncan of Jordanstone College of Art & Design (DJCAD), my U.C.A.S. first choice. Until I left home, I was a loner through choice who had few friends, and was very happy. I had made art since I was two, and it gave me enormous satisfaction. But during first and second year of undergraduate study, my art practice wasn't any-kind-of-practice at all. I was unfocused and directionless with no clear narrative, coasting along showing disregard and irresponsibility, sometimes not even bothering to turn up for class, or life. Looking back, I was too immature emotionally, and socially naïve. I was extremely lazy, completely indecisive and unable to adapt appropriately to what should have been a new and exciting chapter of choice, in my life.

One day in September 2007, I felt too *different*. With little warning everything fundamentally changed for me inside my head, and I didn't know what was wrong. I

began to suffer from mental illness. I fell out of art school, and crashed out of life. Every single thing in my daily life had drastically changed inside me. Every day visual triggers of ordinary things caused me intense, unbearable anxiety. Due to the nature of these triggers - the human body - I was in a continual loop of waking dread, knowing that I would suffer daily bombardments of *terrifying* stimuli. Reacting to anxiety through constant rumination caused extreme stress. I could never escape unwanted thoughts. I was locked into a vicious cycle of constant checking. It was an unremitting personal horror. My family found themselves inside a nightmare-limbo, but I just wasn't able to care about them. I was often suicidal. *My* visual triggers took over my life. It was a danger going out. It was equally a danger to stay at home. Films, TV, books, newspapers, magazines, graphic novels, even toy figures and statues at home, all transformed into devices of fear. My psychosis meant that I suffered delusions. I had no understanding of what was going on inside my mind, and no one could tell me what would happen next. No one's words can ever do justice in translating what it is like to experience serious mental illness. Because it's all of those consecutive moments of loss and pain, that add up to greater and greater strains on living, trapped-inside a moment of psychic fixations. The essence of failing and falling down into a wild alternative mind-set was that everyday things induced a *drop* in the chest, a *tingling* in nerve-ends; and led to a fury of disturbing thoughts.

I got a phone call from my brother Drew saying he wanted to kill himself. It was so irrational and crazy that I couldn't believe it. I thought mental illness was made-up-by-people until that point and for weeks after. I stayed on the phone for an hour, angry that I couldn't leave him for fear he would do it, and angry that nothing I said could help.
(Brother, 9 September 2019).

What's happening to us? I still don't know. Drew has no medicine, no diagnosis. We're fucking fucked. It's so dire I've just promised Drew that if he isn't any better by Christmas we'll both go up to the Lost Valley, we'll lay down in the snow and we'll die together in our sleep.
(Dad's diary, 22 October 2007).

The Drew I originally met was extremely fragile and very unhappy. Mentally he was beginning to spiral down into a very dark, haunted place, from which there appeared to be no escape. Negative thoughts became all-encompassing and self-destructive, removing any vestiges of self-esteem, confidence and peace of mind. Drew's ability at any level was seriously compromised. His days became a constant search, for answers to explain or control these thoughts.
(Mum's friend, Andrea, 28 February 2019).

Who is Drew? Has he 'become' different since his descent into Hell aged 19, when not just his but my world changed forever. His life is full in many ways since returning to College, a successful education, degrees, studying, finding 'Gugging', 'Falling UP' collaborators, etc... All good. But it's not life as a man in the sense of fulfilment of a relationship, responsibility, independence, freedom and a desire to explore. He is missing out on a lot in my opinion but is that a valid statement? Is he happy, does he have 'joy', ambition? I feel sad for him, angry at the world or genetics or my genes or my inability to come to terms with the 'hand' that life has flung at him.
(Mum, 15 March 2019).

My family negotiated three years of unforgettable psychological tension. I had fully assumed the identity of *living in illness*. With no presence of *being me*, I felt like a passenger on an indefinite journey with no personal control of any sort, shuffling past twenty different medical professionals across the NHS and private sector. In 2009, I physically and psychologically *graduated* to the Advanced Interventions Unit at Ninewells Hospital in Dundee. There, Professor Matthews saved my life. He consecutively identified two diagnoses and my new reality emerged as living with a combination of two chronic conditions:

- Obsessive Compulsive Disorder {ICD 10 F42.2}.
- Autism Spectrum Disorder (Asperger Syndrome) {ICD 10 F84.5}.

Drugs stabilised me, but Cognitive Behavioural Therapy and Exposure Response Prevention enabled me to understand and rationalise my mind-functions during anxiety-provoking situations. Delusional thinking and anxiety gradually subsided, and I became lucid, insightful and reflective of the meanings behind my visual triggers. These combined treatments stopped my dark ambition to kill myself, and became my starting point of recovery. I now appreciated that sequentially all of those twenty medical professionals must have been significant to my recovery.

Family was a strong support framework. Mum stopped teaching to take care of me when I fell ill, becoming the *dayshift*. My Dad became the sole-earner, taking the *nightshift*. They would walk with me into secluded woodland devoid of people, day and night, as I picked up pieces of deadwood and, with their help, created communities of wooded-stags. I could only feel calm and at peace when there were no people

around, and therefore no visual triggers to corrupt and contaminate my damaged mind. Although I hid from the real world, my family managed an outdoor recovery-pattern that extended beyond being *trapped* in my bedroom. Today I have a life with meaning because DJCAD showed unconditional understanding by reserving my undergraduate place. DJCAD gifted me a second chance, rescuing me from being isolated and medicated at home with little prospect of a productive real-life recovery. On my return in 2011, I was reinvigorated and more respectful of education, as I examined intertwined past pain and experience to engender an understanding of my own ontology. Utilising illness's negative properties, to form new ways forward, I addressed and explored my conditions through creative-process that became a self-therapy of retrieval and development of former identity. In 2013 I completed my Bachelor of Arts. My Master of Fine Art (MFA) tutors, Tracy Mackenna and Edwin Janssen, and Murdo MacDonald, re-birthed my experiential-thinking and encouraged in me a new critical awareness. Thought-by-thought within learning-relationships, I discovered a connection between process in my medical-recovery and process in my family-recovery in the woods. Both were dialogical, interactive and collaborative forms of joint-mentoring, joint-validation, towards ambition of recovery. Hundreds of repetitive conversations within both processes synchronically equipped me, as interview and discussion became the hammer and saw in my redemptive-toolkit.

Throughout my treatment no one prescribed art therapy. Before falling ill, art offered comforting solitude and focus, but when creating deadwood stags with my parents, a growing instinct to create collaboratively supplanted my individuated past process. I *felt* community and shared a *sense* of living in art. I was part of something more interesting than myself. My MFA investigation into mental illness and art presented *déjà vu*, as I visited significantly familiar physical and psychical geographies, interviewing psychoanalysts, psychiatrists, neurologists, psychologists, artists, educators and art therapists. This resulted in substantive co-understandings in liminal space of different perceptions and experiences. What started as a family-recovery in nature, developed into my long-term collaborative art practice called Falling UP, where medical professionals, people with mental illness and artists explored art, mental illness and recovery in mutual, therapeutic and creative partnerships.

My fascination with community and art-process, led me to *Art in the Asylum* at Nottingham University. There, I discovered art from a place in Austria called Gugging, where mentally ill patients were considered artists, even though they had no art background. Gugging's claim not-to-be art therapy intrigued me, as did that it was in Austria, for my Grandmother was Austrian. When I first visited Gugging in 2014, I found a strange but wonderful scenario where mentally ill people actually *lived in art...* all of the time. I contrasted Gugging's process with my own recovery and differentiated components that were missing in my life-process, missing in Scotland's life-process. As if my life were a fugue state, I regained in that moment, something of my true self.

Chapter 1. Introduction

1.1 Research Topic

Mental illness is a highly topical issue. In 2001, the World Health Organisation (WHO) reported that globally, one in four people, ‘will be affected by mental or neurological disorders at some point in their lives’ (2001, p.1); whilst the Mental Health Foundation (2016, p.14) suggested that, ‘one in six people in the UK experience common mental health problems’. On their current websites, The Scottish Association for Mental Health SAMH (n.d. para. 4) reports that each year one in four Scots experiences mental health problems, whilst the Scottish Government (n.d. para. 2) says that one in three people in Scotland is affected each year. Some statistics consider that 50% of the population in the developed world is expected to experience mental illness during their lifetime (Horder, 2010) and others state that creative practitioners are 25% more likely to suffer mental illness (Turner, 2015). The latest statistics and constant discussion online, and in the press, highlight the ever-increasing incidence and lifelong costs of mental illness, to the healthy and the ill. Medical solutions depend on pharmaceutical companies, whose medicines have proved addictive, harmful and inhumane, and only a *chemical-bandage* for mental illness; however, reducing drugs and instead involving art-process and community are central to successful alternative models of practice across Europe. Art as a form of therapy is thriving and art-process could form an important element in the treatment and care of mental illness. de Botton (2013, p.29) believes that, ‘art can put us in touch with concentrated doses of our missing dispositions’, restoratively rebalancing our inner-selves.

This thesis will explore an innovative model of therapeutic healthcare for mental illness, and argue that a similar model could be adopted, and developed in Scotland. The Gugging model of healthcare for mental illness through art-process is a small residential psychiatric unit located near the village of Maria Gugging in Austria. Its twelve Residents live together within a system of creativity called *living in art and und die Welt*. These two concepts destigmatize and empower Gugging’s intergenerational community of Residents towards sustainable longevity and meaningful lifestyles of intention. Living as artists, Residents participate in cultural-

society at the highest levels. Gugging is the vision of its Director, Professor Doctor Johann Feilacher, who is a self-taught artist and a psychiatrist. Feilacher's system advocates social justice, value and diversity through co-designed restorative structures of family, resilience and opportunity.

A critical element of this research is the fact that it is explored through my eyes, as a practising artist and someone who has severe mental illness. This stance provides a parallel investigative path, which contributes additional perceptions and understandings of the Gugging artistic and psychological process, and a necessary validation through insight and perspective. Subjectivities afford strength and real-time relevance to the participatory and autoethnographic functioning of my art practice/methodology Falling UP, to form a *liminal* dimension to perceive the Gugging process of *living in art* from the inside. By adopting this approach, Falling UP was transformed from its original purpose as a family *secular communion of recovery*, to become a crossover double-process in my research.

In 2009, my art practice changed from being a solitary endeavour to become a lifestyle-practice of collaboration. This was inspired by the Scottish artist Richard Demarco's numerous lifelong collaborations with diverse artists from all over Europe. I intended to share, learn, and co-curate minds towards a vision, where life could be made better through working creatively with others in art. Having known Demarco since I was a child, I have tried to *live* his words, which are recalled by McDowell (in Demarco, 2016, pp.11-12):

if you choose to live and work somewhere, not just as an “artist”, do not try to neutralise the context of your work in an “art gallery” or an institution...but reach out to embrace all that is available to give your own creativity its fullest personal and social power.

I experience art, mental illness and recovery as three of life's unique *flows*, balancing and actualised as an idea of mutual connection; in a paradox of *implicit* complicity, in which they are involved whether they like it or not. This is a metaphor of how Gugging appears to me.

People who have chronic mental illness, their families, friends and colleagues, all need hope. Hope has more chance when based on a model that has achieved success over long periods of time; is human in scale, ecologically viable, family-oriented, and connected to society through structures that can develop the potential and innate talents of those with chronic mental illness. Who needs such hope? I need it. Everyone I've spoken with during this research feels they need it. *And* for your future health, you need it too.

It is important to note that, due to the highly personal focus of the research, this thesis is generally written in the first person rather than third person.

1.2 Background to research proposal

During my treatment, none of twenty medical professionals explored any connection between art-process and my recovery. On the stabilisation of my conditions, I reflected on my mental illness through art-process and representations of self and otherness, through installations exploring sensory and psychological experiences of illness (see DV 33, p.234). By chance and luck, whilst interviewing Professor Tischler of the University of Nottingham in October 2013, at her exhibition on art therapy, *Art in the Asylum: Creativity and the Evolution of Psychiatry*, I encountered drawings made by *patients* from a place called Gugging in Austria. Their drawings struck me as different to all other exhibits through their humanity and individuality. These drawings did not typify *art of madness*, rather they exemplified pure creativity as Art, and not art therapy. I felt compelled to find out more. Before starting PhD studies three years later I visited Gugging four times, becoming immersed in its artistic and psychological process both as artist and a patient in my own life. I was able to perceive Gugging's physical and psychological structures, very much mindful of Pink's (2015, p.115) writing about researchers who, 'participate in the emplaced activities of others, through her or his own embodied engagements, thus offering an alternative route to ethnographic knowledge'. In Gugging, I had crossed the border of self into an appreciation of others within their own therapeutic world.

Since 2010, I had been using my experience to examine the inter-relationship of mental illness, treatment and art-process during my Master of Fine Art studies at

University of Dundee under Professor Mackenna, Edwin Janssen and Professor Macdonald. I investigated innovative and different approaches towards a recovery, which engaged people who were both mentally ill and visually creative. I discovered that Gugging used a more dialogical approach than art therapy, by treating mental illness through its patients *living as artists* supported by artists as a community, where destigmatization, individuality and art-process were deemed essential to both *the ill* and those who *treat the ill*. Historically, German culture has embodied a longing for what Kantorowicz (as cited by Watson, 2011, p.836) called, the *redemptive community*; Tönnies (Ibid) wrote of community and its, ‘redemptive possibilities’; German scholars were part of their own redemptive communities; Mann (Ibid) specifically explored redemptive community in Dr Faustus. Habermas (Ibid) saw the central problem of modern life as finding ways to, ‘sustain a moral community in the face of rampant individualism’; and Gadamer believed that art-festivals, ‘take us out of ordinary time’, opening us to ‘the true possibility of community’ (Ibid, p.837).

1.3 Research Focus and Scope

The existential topography of Gugging is its holistic model of care, in processes of interaction between *doctor* and *patient* and the world outside, towards leading a well-lived life in the kinship of art. This reflected Kester’s (2013, p.79) concept of dialogical aesthetic, where participants fully participated in mutuality and value as agents of change for both self and society. Situated inside Gugging’s infrastructures and processes of recovery, I was able to observe ever-evolving pathways of creative discovery towards wellbeing amongst Residents *and* staff; within a community-enhanced approach to healing across self and society using art and culture. Conducting research longitudinally over years and across seasons, through *different versions of myself*, I could eventually see everything that made Gugging *Gugging*, that wasn’t apparent in only two or three field trips. The design of its artistic and psychological process comprised complementary complex sub-designs that aligned and coalesced to form a unified vision for art, mental illness and recovery, which has functioned efficaciously for decades. These sub-designs, or progressive infrastructures, had constantly evolved since 1986, when artist and psychiatrist Johann Feilacher succeeded Doctor Leo Navratil, as the Director of the Centre of Art and Psychotherapy.

Navratil had first recognised the artistry in his patients during the mid-1950s, as he started to encourage them to draw on small pieces of paper for diagnostic purposes. From 1969, having developed connections with cultural admirers, including Art Brut artist Jean Dubuffet and academic Roger Cardinal, Navratil subsequently promoted his patients' art widely through exhibitions. In 1986, when Feilacher became Director of the clinically oriented Centre of Art and Psychotherapy, he instigated a cataclysmic change of identity when he renamed the Centre to the *House of Artists* (HoA), and transformed it into a residential community for the *Artists of Gugging*, thereafter focusing on the patients' artistic talent, rather than their mental illnesses. Feilacher's socio-therapeutic philosophy, which considered psychiatric treatment should always be a private matter, contrasted markedly with Navratil's *art as psychotherapy*, which he had conceptualised as *state-bound art*, forever tying his patients' art to their psychological states.

Feilacher's re-definition of patients as the Artists of Gugging and Residents of the HoA, empowered their identity and creativity by his concept of *living in art*. This provided access to the real art world of the art market (professional artists, gallerists, curators and collectors, museums and galleries, journals and publications, art fairs, vernissages and sales of artworks), through networks developed with long-term cultural admirers and contemporary artist collaborators, to explore new avenues of experience through his concept of *und die Welt*. Feilacher's strategy was greatly assisted by the contemporaneous transition in Austria of de-institutionalisation towards the practice of community psychiatry.

The key creative outlet for Residents as working artists, and a lifestyle-changing portal to their engagement with the world outside, is Galerie Gugging (GG). Founded in 1994 as a joint-stock company with communal acquisition of property, leading to its ownership by the Artists of Gugging, GG established the legal basis for Residents' artworks to be sold within a typical artist-gallery contractual agreement. GG supports Residents through the process of *und die Welt* by promoting, exhibiting, and selling their works in Gugging and abroad.

In 1997, the HoA broke away from the hospital administration and was re-categorised as a private social welfare facility, to become a fully assisted accommodation facility,

where twelve people (*the Residents*) with mental illnesses and learning difficulties, *and* artistic talent could live and work purposefully, supported through the process of *living in art*.

In 2001, Atelier Gugging was set up as an open-studio, and made available to both the Residents and visitors, who were interested in creating art alongside them. Most notably are approximately twenty self-taught *Day Artist*-visitors with mental illness. They attend on a rota-basis according to a timetable for sharing allocated spaces. Daily exposure to visitors' personalities, behaviours and their stories of the outside world, has become highly significant to the Residents' social and artistic integration with society.

Based on my own experience, Atelier Gugging is neither a place of occupational therapy nor a location for the practice of art therapy. Instead, Residents and visitors' personal creative potential is emphasised, with material support and the fostering of individualised, self-driven art practice. Creativity is aided on by the *lightest touch* and social support from the *Atelier Guardians*, who are mostly self-taught artists and trained in social work. Feilacher regards the Atelier as the *gateway to the world* for the Residents (Interview - Feilacher, J. - 16/06/16).

In 2006, Museum Gugging (MG) was established, committed to presenting the masterworks of the past and current Residents alongside international Art Brut artworks from collections around the world. MG facilitates a structured platform for the Residents' art to meet the public, and to become part of and participate in the art world. This is an essential element of the social and cultural infrastructure of *und die Welt*.

Residents' sempiternal conditions benefit from unobtrusive on-site medical care, and therapeutic partnerships with GG, and the Atelier. Life-improving activities are supervised by Gugging's multidisciplinary staff in these assistive environments, where Residents have spent thousands of hours in creativity, with significant contribution to greater independence, collective wellbeing, high self-esteem and long-term artistic purpose. Linking lifestyle and product to the marketplace through GG and MG, the Residents function as part of culture, achieving international recognition

through the Kokoschka prize, many prestigious exhibitions across the world, and their art acquired, and purchased by significant public and private galleries.

1.4 Boundaries of research scope and population under investigation

Given the unique blend of art, mental illness and recovery in Gugging, I shall only investigate the relationship amongst these themes as they contribute to the two concepts of *living in art* and *und die Welt*, within their four infrastructures of the House of Artists, the Atelier, Galerie Gugging and Museum Gugging. It is pertinent to point out that I am not a social scientist researcher, social worker researcher, medical practitioner researcher, or an art historian researcher. Therefore, this research does not look into the medical and social backgrounds of Residents' mental conditions, or any aspects of their medicine, nor their art as the context of Art Brut. Art therapy and occupational therapy are not investigated within Gugging's model because they are not employed by any of its infrastructures for Residents. Additionally, I do not examine Art Brut or the history of Gugging Art. Social work is also not addressed. My research investigates populations operating in Gugging, specifically the Residents of the House of Artists, in addition to persons working in or attending their immediate environment, such as the Gugging staff from all departments, and Day Artists. Other significant subjects informing my focus were those who had connections with Gugging, who could provide key insights and knowledge on the themes under investigation and always in the context of the experiences of Gugging.

1.5 Relevance and rationale for doing the research

To establish the gaps in knowledge in the field and to establish the research focus, an extensive literature review was undertaken, as well as interviews with individuals from various fields pertaining to the study. Within current debate on the subject, salient issues are the continuing strong criticism of DSM-culture, and a desire for new approaches that are holistic; an interest in the role of art-process, and for art-educated professionals *and* patients. According to Thomas Insel (in Scull 2015, p.408), Director of the National Institutes for Mental Health, he plans to re-orient research away from DSM categories, 'because patients deserve better'. Child psychiatrist Wannan wants new treatment approaches that offer, 'resilience, narrative and find meaning'

(Interview - Wannan, G. - 09/09/13). Psychiatrist Beveridge (2001, p.595) writes on the art of the mentally ill, and states that, ‘psychiatrists have been interested in what such art reveals about the mental state of the artist...why was such work produced in the first place’, and he raises the question, ‘what can it tell us about the asylum world?’. Speaking with me, Beveridge noted that the idea of resilience in recovery is very *now*, and that he is interested in how the progress in health and creativity in Gugging is defined and perceived by patient-artist and doctor-artist (Interview - Beveridge, A. – 07/05/15). Nurse Runciman hopes for a process that, ‘discovers the person, has mutuality in relationship, respecting the legitimacy of each other’s knowledge and experience mediated through art’ (Interview - Runciman, P. – 30/07/15). Patient-artist Elaine is, ‘interested in learning to what extent creating artwork aids the artist’s well-being’, (Interview - Elaine. – 22/04/15) and her own doctor wants, ‘resilience through art for patients *and* staff’ (Ibid). Guardian-artist Haimburger says, ‘Lebensgeschichte nicht Krankenschichte! (*Life-story not medical-history*)’ (Interview - Haimburger, J. - 08/04/14). Appelfeld (in Richman, 2014, p.112) considers that, ‘only art has the power of redeeming suffering from the abyss’.

In the literature review, each of the studies presents the importance and significance of place or setting, in regard to its role in facilitating people’s wellbeing. The environments in all but two studies (Davies, Knuiman & Rosenberg 2016, and Dayal & Diaz 2008) focus on the setting of healthcare, or programmes where art is used to improve mental health. There was a clear indication from the research that additional research work was needed to extend understanding, to examine and determine the benefits of arts engagement towards the restoration of better mental health, within the complexities and delicate nature of mental illness.

The influence on public health policy and professional practice was spotlighted by a few studies (i.e. Davies, Knuiman & Rosenberg 2016, and Van Lith et al 2009), as an important issue to consider in going forward. Kelly et al (2015) and van der Vaart (2017), concurred that more long-term study is recommended, in particular to assess the efficacy of art’s contribution to therapy, and its role in the development and support of resilience. Jensen (2018) and Parr (2005) identified an issue with management in arts projects and cultural institutions, and recommended that future planning improved provision for social inclusion, and provided sustained support for

the diversity of patients' needs. This in turn linked with and related to Van Lith et al (2011) who raised the important matter of the incorporation of arts projects into health environments. Davies, Knuiman and Rosenberg (2016), and Ramon (2018) recognised the social context of patients having a pro-active function to contribute to their recovery; whilst Dayal and Diaz (2008) spoke of the enhancement of psycho-social wellbeing and health through the vehicle of community. Tomlinson et al's (2018) view on patients re-joining and reconnecting with local culture and their community, resonated with and complemented van der Vaart's (2017) opinion that art could be a process to support community development. However, the latter believed that the arts also had the negative-capacity to divide communities, and to leave out members due to differing perspectives towards a community identity, which privileged art activity over other activities (Ibid, p.54).

The literature review also examines research studies undertaken specifically into Gugging, to establish findings from these studies, and to revisit these using a different lens, and where necessary, challenge their conclusions.

The rationale for this research is also supported by the underlying context of art, mental illness and recovery in Scotland.

I have nothing but praise for all of the NHS staff that cared for me. However, beyond vital diagnoses, correctly prescribed-medicines, and the stabilisation of my mind, the responsibility for a lifestyle of wellbeing was devolved to my family, to myself, and luck. Politicians, health managers, medical staff, therapists, patients and their families all have different expectations of treatments for mental illness. In the Scottish Government Mental Health Strategy 2017-2027, Minister Maureen Watt (2017, p.2) outlines ambitious aims, and states that, 'our efforts must deliver on a human rights-based approach so that people in the most marginalised of situations are prioritised in achieving health'. Watt (Ibid) describes the key Government objective for Scotland to become a country, 'where mental healthcare is person-centred and recognises the life-changing benefits of fast, effective treatment...In short, we share the ambition that you should only have to ask once to get help fast'. The Minister (Ibid, p.29) urged that interventions need to take place at community level, in primary care services, in specialist mental health services and in specialist acute services; and emphasised that,

‘there should be holistic services around the individual’. Watt (Ibid, p.37) further points out that good mental health is not the exclusive concern of the health services or public services, and indicates that the Government will:

also seek to work regularly with stakeholders to shape how actions are implemented and how we learn lessons for the future. By working together, both within and outwith government, we can realise the ambitions of this Strategy.

Former Scottish Labour MSP Jayne Baxter (Letter - 05/08/19) is sceptical of the Government’s political intentions, and its ability to deliver these promised long-term aims. Baxter also has concerns about the nature of future treatment programmes for mental illness given that:

Local and national government is built on compartmentalised structures, top-down in its approach, short-termist in its aspirations, and driven by an emphasis on strategies and plans. The need to demonstrate performance exists within what is sometimes a limited framework of objectives. The emphasis is on being able to *count* what is spent and what is achieved. This creates a risk that public money is only spent on *what can be counted* without any reference or cognisance of the possibility of achieving greater good in the longer term for individual or society.

Louise Christie, acting-Director of the Scottish Recovery Network, opines that the Scottish Government, ‘should be ashamed of the Mental Health Strategy’ (Interview - Christie, L. - 03/07/18), pointing out that mental illness and mental wellbeing are two very different things. Christie calls for peer support within the management of mental illness across society at a domestic level, ‘with significant shifts in blurring the boundaries between hospital and community’ (Ibid). She criticises the climate of, ‘*non joined-up thinking* in the Scottish Government’, as the source of its problems when working with other political parties and external stakeholders who have a vested interest in mental health (Ibid). She further draws attention to the fact that, ‘there is pressure on the Minister to *toe the Government line* to protect existing services and resources for mental health’, and she asserts that this leads to a, ‘bubble of protectionism’ (Ibid). Christie believes this to negate the potential for innovation from those with lived-experiences of mental illness, or from the Third Sector as it, ‘struggles from hand to mouth approaches for funding’ (Ibid).

Phyllis Runciman, a retired Nurse (Letter – 21/05/2019) makes the observation that, ‘the NHS focus across the majority of its *places* is on *illness* - it can be argued that it should also be on health, but illness and ill health dominate’. Runciman (Ibid) describes the standard linear nature of procedure within various healthcare departments, denoting the ‘classic NHS trajectory’ to be:

Present with a *problem*. Identify symptoms and signs. Label with diagnosis. Then select from a range of options - for example, treat towards recovery, rehabilitation, discharge, follow up: prevent illness, improve health, prevent deterioration: provide care to, and after end of life.

Runciman (Ibid) has become increasingly aware of Gugging through her participation in Falling UP collaborations, and when contrasting her professional experience of the NHS, she finds that:

All that is available in Gugging, its particular organisational and management structures, its people, staff and residents, its treatment support and medication, its environment, its art and health outcomes provide an extraordinary combination of care, treatment and lifestyle options. It could perhaps be argued that it is a place where art is blurring the boundaries between illness and health.

Laura Donaldson (Email - 14/07/19) an NHS art therapist, believes that society invests so much in physical health, ‘and really leaves behind the emotional needs’ of those with mental illness. She (Ibid) offers the supposition that,

We are depending on patients’ parents to be providing that supportive role and building resilience together, however, I think we fail regularly to connect. Probably because we are afraid, and it takes time and no one seems to be able to afford time.

Donaldson contrasts her own professional practice with that of Gugging, saying that art therapy services in Scotland are fragmentary, piecemeal, and not fully accepted or appreciated by medical professionals. She muses:

Thinking about Gugging as a process, where the patient is actually facilitating and embarking on a lot of their healing autonomously, getting lost in their art making with the grounding of some background guidance from a mentor (Ibid).

My own experience as a patient, researcher, and artist, tells me that all of the key elements and the personnel that make up the Scottish health service work well, but mostly within their own departmental isolation with no connection to outside society. Current practice in relation to mental illness in Scotland appears to operate as an *atomised* system, where the whole is **not** greater than the sum of its parts. The Scottish Government Mental Health Strategy 2017-2027 offers hope for the future, but there is no strategy-plan to realign departments and health services to contribute to a holistic approach towards integrative, community-based recovery lifestyles of purpose and meaning, for those with chronic mental illnesses.

1.6 Relevant Research into Gugging

Previous research into Gugging has primarily focused on art and healing, through the lens of Art Brut, psychiatry and art therapy in relation to the House of Artists and the Atelier.

In her 2006 thesis, *‘Madness on paper and canvas: Sublimation and Exploitation in the House of Artists in Gugging’*, Schüssler (2006) directs critical judgement of the ethical operation of Gugging. She highlights: staff interference in the process and outcome of Residents’ art; lack of Residents’ autonomy in decision-making (Ibid, p.334); the omission of information in exhibitions and monographs on the Residents’ private psychological history (Ibid, pp.315-318); the accusation that Feilacher was a *breeding expert* for Art Brut artists (Ibid, p.317); that Gugging was guilty of presenting a false-image in a misleading bohemian fashion of the Residents, in order to reduce their stereotypical appearance as *wild madmen* (Ibid, pp.285-286). Schüssler’s findings and observations question who ultimately benefits from the success of Gugging (as cited in Kooke 2006).

Maclagan’s (2009) position concurs with aspects of Schüssler’s criticism of Feilacher’s vision, in charging Gugging to be a place that denies its Art Brut origins. The author considers Gugging to be the, ‘inevitable consequence of the accelerating commercialization’ of Art Brut in the art market (Ibid, p.20); where representation of the art has shifted from individuals to the institutional bodies, which standardise the quality of artworks (Ibid). Maclagan noted that since 1970 Gugging Art had attained

increased exposure within the art market, selling for high prices, and conceded that resulting success from sales had boosted Navratil's patients' self-esteem, to become *a kind of art therapy* (Ibid, p.97). Continually referring to them as, 'patient-artists' Maclagan wonders how and where, 'replacements' will be found. The author contends that Gugging, 'has become a museum of itself' (Ibid).

Schwarz (2010) observes that contemporary Gugging bears scant resemblance to its previous existence as a psychiatric clinic, and considers that Art Brut artists today cannot be compared to those of the past. The author highlights that Feilacher's withdrawal of Residents' medical histories is in opposition to how the, 'outsider role has been the subject of many artist biographies' (2010, p.117); and this prevents illness from overshadowing Residents' art. Schwarz finds the House of Artists to be a home before it is a place of therapy, and that being an artist is the Residents' profession (Ibid, p.138). Remarking that Gugging's approach to social-psychiatry has not been intrinsically criticised as of yet, Schwarz notes that Residents' art has nothing to do with their care in the House of Artists (Ibid). The author considers that the issue of whether *artist-patient-art* is actually art, still needs to be resolved (Ibid).

Vick and Sexton-Radek (2011, p.5) observe that programmes like the House of Artists are uncoupled from the responsibility of being strictly regulated clinical spaces, and generate a, 're-examination of traditional "therapy" roles and styles of relating'. The authors (Ibid) report the paradox in the ethical argument of exhibiting the art by *marginalized* people according to the Art Therapy Credentials Board of *Codes of Professional Practice*, which readily discourages practices that could bring into question patient confidentiality. Nevertheless, Vick and Sexton-Radek (Ibid) point out that the same professional guidelines provide for the exhibition of *client artworks* as long as client control and their wellbeing are accommodated, through adherence to ethical standards of practice. Citing Vick (2000), the authors (2011, p.5) identify that fostering such a possibility for clients has the potential to be an, 'empowering experience'.

Ruby Fox, a multidisciplinary artist and part-time care-worker for mentally ill people, accentuates the value of Gugging in her online blog (in August 2014). Fox stated that:

the centre (Art/Brut Centre) utilises the power that art-making has as therapy, but instead of having structured art therapy sessions, the art-making is integrated into the resident's everyday lives...this gives them a chance to develop their artistic ability more naturally.

The author showed an interest in both the process of making art and the impact it had on the Gugging artists; in addition to the effect that the creators' minds had on their own artworks.

1.7 Why should a Gugging theory be important?

When I initially disclosed my intention to conduct research into Gugging, its Director Johann Feilacher was pleased, informing me that there had been no previous research into the artistic and psychological process of Gugging.

For four decades, Gugging's system has successfully addressed many of the key problems associated with mental illness, which all of the systems I have experienced or witnessed in Scotland, have struggled to deal with. Gugging's infrastructures and processes coalesce to reduce stigma, feelings of isolation, and inactivity; and through *living in art* they provide purpose, employment, family love and belonging, a social life and a profession as an artist for its Residents; all mixed-together in a process of long-term healthcare. Residents develop authentic individual identities, pride in their achievements, and experience mutual empowerment through contributing to their own wellbeing and future.

Gugging has evolved and developed over decades, and belongs to the society it is part of; and its process of *und die Welt* facilitates the essential element of interfacing with the wider world for the Artists of Gugging through their art. Operating as artists in the art world is both socially and materially beneficial, and forms part of the treatment that tackles and counters Residents' mental illnesses. Recanting private histories to consequently de-emphasise mental illness creates *the* determining conditional and existential component for Residents to make their art, and not just be participants in a form of therapeutic art or art therapy.

Gugging comprises many diverse elements, and its system enables these elements to operate through four individual but linked (allied) infrastructures, within two

individual but linked processes, which permit ingress to each element by society, in the form of many different kinds of agency and visitor. Visualised together, Gugging's elements spin and interlace across time in an embrace, a dance with society...A Gugging dance *in time* with society. These elements are:

- Gugging is a family-system of nurture, expression, safety, routine, growth and structure, lived in the company of others
- Mentally ill people are accepted as persons, considered capable of achieving social and creative empowerment, and with support, mentorship, trust and encouragement, they can transcend their limitations, contribute to society and be valued by society
- Residents dedicate extraordinary focus and time to work creating art using their own ideas and feelings
- The Residents are supported by a dedicated team of professionals who maintain the necessary environment of its processes and infrastructures, to enable them to become a purposeful part of society
- Gugging is constantly evolving, learning-through-experience over many years, Gugging shows the world an example of how *living your best life* as part of a family group together in care, results in independence of demeanour, creativity and endeavour. The world is welcomed into Gugging to see and to participate in Gugging
- Education is key, and the message is one of inclusion, diversity and acceptance, dignity and resourcefulness amidst an uplifting atmosphere

My insight into Gugging has been consolidated and extended through my continuous and *wholistic* experience of life and recovery:

Being in that position of being able to share with society our innermost fears and personal tragedies is a *luxurious* place to be. Not only is one able to use art for personal therapeutic benefit, but also to assume the stance of role model for people who suffer from mental illness, desperately craving to share some kind of focused outlet. The meaning of personal difficulties can be given new *form* and a truly positive outlook, by exercising the choice to traverse the self-healing experience of the creative process. Artists who have personal experience of mental illness can empathise with and try to improve the condition of individuals *off-kilter* with normalcy, whose numbers are growing exponentially in our 'broken' society. Much the same as those psychiatrists and psychologists, who

encounter daily their *own* darker recesses of the mind, are *of far greater value* than those who just repeat through their practice what is written in Diagnostic and Statistical Manual of Mental Disorders, 2013 fifth edition. Of the medical professionals I have interviewed, there is unanimous *radical* concern over the tried and tested, tired dogma of *quotas* within *those treatments according to the book*. Walker (2014, p.6).

1.8 How will this research contribute to new knowledge in the field?

There has been no previous research into the artistic and psychological process of Gugging, and this research contains major new information, and a new interpretation on already known material. My multiple-perspective of artist, researcher and person with chronic mental illness, offers a unique position from which no previous research into Gugging has been experienced, adding new knowledge in a way that hasn't been done before.

The research methodology Falling UP combines methodologies of ethnography, duoethnography, action research, arts-based practices *with* my art practice. Much data has been derived *and* evaluated through collaboration, participation and observation using practice-based generated outcomes in an interdisciplinary collaborative framework.

Falling UP's configuration is cross-disciplinary using different methodologies and synthesises original ideas by experts in innovative collaborations, which are co-created by me. Additionally, through my pilot-scheme of Gugging processes called Falling UP Silverburn, activities have tried out something that has previously only been done abroad, to test Gugging's procedures in Scotland.

It is uncommon for the border between art and mental illness to be bridged by patients and doctors through co-participation and shared making. This despite the many doctors and patients I have interviewed, expressing *there is a mood of change*, and an aspiration towards new procedure and sustainable process of greater mutuality in a more person-centric creative process. Cohen (2015, p.26) calls for genuine dialogue with the patient through, 'joint problem-solving'. There is a boundary between roles that needs to be jointly occupied, helping to remove stigma and the separation of assigned roles. Cohen (Ibid, p.31) cites that there is a *calling* by mental health

consumer groups for a *new partnership* between mental health professionals and patients, which would allow for, ‘greater humanism’, enabling service user involvement in their treatment, and their experiences of illness being deemed *relevant and legitimate*. Slager (in Elkins, 2014, p.204) thinks that artistic research creates, ‘the interaction, intermingling and traversing’ of artistic thinking and knowledge production, in an, ‘operational, process-based and experimental way, while producing a variety of unexpected perspectives and a stream of novel concepts and insights’.

I have seen the benefits of Gugging’s processes from within, and there are implications for community, health, art and their inter-relationship within our society. Currently, there is no study into Gugging’s art-process, its community of working artistic lives that destigmatize mental illness, whilst maintaining good health as an integral experience. Gugging’s approach is mutuality through artistic and psychological processes. This insight can re-assign art’s role in our society, and redefine recovery *in the process*, offering alternative models for countries such as Scotland to consider.

1.9 The Research Question

The contextual review led to identification of the key research question:

What is the nature of the artistic and psychological process between patient-artist and artist-doctor in Gugging?

This was conceived as a practice-led investigation into the liminal space between patient and doctor, in the process of making art and recovery in Das Haus der Künstler and the Gugging Atelier, at Maria Gugging, Austria.

A series of sub-questions related to the main question:

1. Has the mental illness of the Gugging Artists been destigmatized through art, treatment and community, and how have the perceptions of *outsider* status changed over time?
2. In what ways does the creativity-relationship between participants foster the development of a re-negotiation of the self, and how significant is place to the development of mutuality?

3. What perceptions and understandings of the Gugging artistic and psychological process emerge as a result of the researcher being an artist who is mentally ill?

And wider issues that inform the questions:

1. What are the structures, behaviours, and subjectivities of perception within the art-making process between participants as they interact within shared liminal space?
2. How is progress in health and creativity defined, and how is progress in health through art perceived by patient-artist and doctor-artist/guardian, and what meanings does the created art embody?
3. What insights can be gleaned from this research to inform alternative models of recovery in the context of Scotland?
4. What can be learnt from Gugging, which could contribute to Scotland's approach to mental illness and to societal change?

1.10 Falling UP as Lifestyle and Methodology

My joint perspective as an artist with mental illness allowed for the formulation of a custom-methodology based on a co-created artistic community, as Falling UP, which eventually comprised thirty-two persons, mostly medical professionals and artists, who explored art, mental illness and recovery. Of those collaborators, sixteen live with their own mental illnesses. Falling UP methodology co-joined and integrated ethnography and action research. It deployed qualitative, quantitative-style, and participatory methods, residency field trips, and collaborative art-processes. I designated its use on-site in Gugging's community as Falling UP Gugging. The focus was the Gugging process, which was reviewed and embedded in Falling UP's artistic outcomes that framed a discursive, exploratory tool to successfully understand life in Gugging.

Through my late Austrian grandmother, the Austrian-psyche influenced my openness to crossing Grenze (borders) into foreign landscapes, cultures, communities and practices. But by the time my recovery from illness began, the borders I urgently

needed to cross were more psychological in nature than geographical. In 2016, my art practice Falling UP evolved from being solely the vehicle for my family recovery in nature, to become a double-process of methodology *and* art practice as the crossover, core procedure in this PhD research. Falling UP contributed multiple opportunities to focus the lens of further objectivity with which to evaluate the Gugging-process. Falling UP's functioning reflected an experimental adaptation of key aspects from Gugging's processes of *und die Welt* and *living in art* (see DV 3, p.204).

In particular, the creative behaviours of both Falling UP's non-artist medical professionals, and artist collaborators, synthesised elements of Gugging's spirit of mutuality and community through social integration. Our joint journeys have been focused through expositions that are iterations of advocacy within action research that canvases for change to improve the experience of art, mental illness and recovery in Scotland. Falling UP 1.0, 2.0, 3.0, 4.0, 5.0 and Falling UP Silverburn took place in the diverse public spaces of gallery art centre, hospital, visual research centre, abbey, Scottish Parliament, and in nature-woodland and seashore (see Analogue slides 24, 25, 26, and 28a, pp.196-198, 201).

The reality of situating aspects of the research practice in Falling UP tested the discovery of emerging concepts and data on Gugging's practices derived from field trips; generating curiosity, reaction and response that stimulated pragmatic questions and answers. Falling UP was a daily, transformative and socially integrated activity within an adaptable community of collaborators, where there was co-ownership of art-making and its meanings. Being within our own *living in art* offered duo *and* autoethnographic understandings, and informed analysis of my ethnographic research into Gugging to create what Roswell (2011, p.332) calls, 'a lens for multimodal meaning-making'.

Falling UP's engagement with the media, politicians, and the public, in addition to my interviews and collaborations with psychiatrists, psychologists, mental health nurses, carers, researchers, art therapists, psychotherapists, artists, historians, teachers and mentally ill patients, evidenced a clear and urgent call for change in approaches to the treatment of mental illness. My observations of Scotland's major third sector providers of art in healthcare through visits, residencies, conversations and interviews with staff

and clients, demonstrated a gap in provision. Representing the narratives of these observations, and my research in Gugging, to health executives and politicians led to practical support from Fife Council, NHS Scotland and MSPs (Members of the Scottish Parliament), for the implementation of a Falling UP pilot scheme based on Gugging's two processes; in an enhancement of imagination, purpose, and esteem for its participating patients, carers and staff. This pilot scheme was named Falling UP Silverburn after the country park in which it was based. Revealed through this conception and construction of an initiative in the third sector, there is nothing in Scotland that uses a similar strategy, or process, to deliver the exceptional quality of life in recovery for the chronically mentally ill through art, in the way that Gugging has successfully managed for over fifty years of *living in art* (see DVs 1 & 2, pp.202-203). Indeed, on close investigation it appeared that no one in Scotland had been interested in developing the core practices, infrastructures, or the policy of longevity that underpinned the concepts of Gugging, and their supported agency of patients as self-taught artists. As I consider Gugging's world reputation, I find it disheartening that representatives from Scotland have never contemplated Gugging's artistic and psychological process, and I argue that this discouraging position needs to change.

Therefore, to assist in this, Falling UP had the important practice to illuminate shared narratives of mental illness, which then stimulate collaborative action supported through reflexive mentoring, joint purpose, co-construction and shared ownership. Positive and negative experiences of recovery were explored to become collaborative artefacts as knowledge, which was activated and operant through both the making and the reception of outcomes. This process enhanced our own community of resilience, as we traversed new frontiers of personal and public emancipation through our co-operative art-making, which both embodied and mirrored key aspects of Gugging's conceptual practice of mutuality, through artistic and psychological processes.

I consider that Falling UP practice as its own process, itself has implications for community, health, art and their interrelationship within our society in Scotland. By echoing Gugging's two processes in the support of joint-placemaking, and of being re-sensitized through holistic-togetherness, Falling UP defied stigma and isolation. It was designed to stimulate disruptive conversations amongst and between its collaborators and audiences through its artefacts, to activate the discussion and latent,

unintended and unexpected changes in belief and perceptions. This is akin to what Pink (2015) calls *future making*, which is designed and focused through sensory ethnography to emphasise ways of knowing and doing that remain largely unspoken.

Pink (Ibid, p.193) relates the importance of experiencing not just the past and present in life, but the importance of changing-processes, crossing over into knowing and being, with an acknowledgement of the future, ‘in which the future is present in our lives as we live them, and as we ongoingly slip over the edge of the present into the immediate future’.

Art and mental illness hardly ever cross boundaries in unexpected ways, and very rarely when patients and doctors experience together truly mutual participation in co-creation. Yet, the considerable number of doctors, psychiatrists, psychologists, art therapists, and mental health nurses with whom I spoke and interviewed, as well as many patients themselves, all made it transparently clear that they would like a more imaginative solution, one that takes away the sole responsibility for mental health from the NHS. They wanted something different, and more person-centric, with greater mutuality, towards a sustainable solution that involves both doctor and patient creative process. These places formed the discursive outcomes *as* artefacts, which collectively became the grammar and the vocabulary of Falling UP’s advocacy, and corresponded with, Pink’s (2015, p.93) conception of, ‘the narrative of the interview as a process through which verbal, experiential, emotional, sensory, material, social and other encounters are brought together’.

To fully engage in its sites of communal and joint-activity, and to *occupy* inside and in-between, Falling UP’s methodology was primarily practice-based, using the techniques and processes of art-making within institutional and sensory ethnography. These brought me closer and allowed me to be situated within liminal space, which was the key space that needed to be occupied to gain knowledge in Gugging. Having conditions of mental illness and being collaborative in nature, were qualifications for both myself and Falling UP collaborators, and a *bottom up* bespoke tool that was designed in practice, and implemented to examine Gugging and Falling UP experiences from within. Readily integrating through immersion, this tool realised what Aldridge (2016, p.132) identifies as participatory research’s key role, ‘to play in

facilitating individual voices and stories, especially when such voices are more likely either to be overlooked or silenced in conventional research studies’.

This PhD research methodology gathered together a wide range of methods from a number of authors. In immersive cocktails, selected methods were employed in combinations to interpret, validate, explain, and create new knowledge from data, often in the form of shared experiences. Of key inspiration to me in the use of art practice as methodology, was Gravestock’s (2010) research perspective as she occupied the liminal space between being an artist and being a figure skater, to examine the role of the figure skater through the eyes of an artist, and the artist through the eyes of a skater.

This communication within creative practice was ongoing and open-ended, based on peer reflection and review, public engagement, representation in the media, and through political interactions at all levels. Falling UP methodology led to the conclusion that being passive, medicated and overlooked was not acceptable, and that mobilising support and encouragement for change through cultural means at parliamentary political level was essential.

Falling UP 6.0 is in partial fulfilment of this PhD, as the culmination of my PhD art practice, and the locus of my Viva process. Falling UP 6.0 will take place in Room 5009 of Duncan of Jordanstone College of Art & Design, in the University of Dundee from 30/11/2020 until 11/12/2020 (see Appendix I, p.470).

****Falling UP** into a *redemptive-community*** was the name chosen for our first intervention, the meaning of which for its participants transpired materially in the following two ways simultaneously. Collaborators and I were in the course of discovering the efficacious nature of Gugging’s recovery processes, whilst contemporally Falling UP itself was evolving into an immersive shared-lifestyle of creativity, regeneration, and recovery.

At this point during my journey of Falling UP, the questions asked in the research proposal have answers; and through Falling UP 6.0 these have a context to discuss the viability of Gugging’s processes as an innovative option for our own society. Falling

UP 1.0 through to Falling UP 6.0 together created a transitional bridge that crossed from an exciting idea, to arrive at the means and opportunity to influence change. In a further development of its demographic audience, Falling UP 6.0 has been designed to target both an academic group in Room 5009, and a national/international group of public transport users. Falling UP 6.0 is planned to operate as a springboard from advocacy interventions into a direct invitation to participate in making change happen.

Inspired by Austrian sculptor Franz West's ARTISTCLUB, Room 5009 will feature an immersive space of juxtaposed artistic collaborations by all thirty-two persons who make Falling UP a redemptive-process and research methodology. The exposition displays works similarly to the ARTISTCLUB, and what Husslein-Arco (2016) in the foreword of *Franz West - ARTISTCLUB* catalogue, calls, 'a network of *artistic-accomplices...*', where West, 'deployed strategies such as co-authorship, collaboration and quotation'. Corresponding with all previous Falling UP interventions, in curating and presenting collaborations no one is named in order to designate equal ownership and equal importance for every person.

Conceptually stimulated by Marcel Duchamp's *Boîte-en-Valise* (1935-41), the key element in Falling UP 6.0 is the binary embodiment of *the idea* and *the means for change*, in the physical and symbolic form of two suitcases. The first suitcase belonged to my Austrian grandmother and Scottish grandfather, and was last used when they left Austria after WW2 to re-settle in Scotland. This suitcase represents the *idea for change* and is *The Case for Gugging*. The second suitcase was used by myself during all visits to Austria, and represents the *means of change* through Falling UP methodology, and is *The Case for Falling UP*. On the conclusion of my PhD process, I will deploy the two suitcases across society to *sell* the ideas contained within. This journey will be complemented by a public transport campaign across Scotland, and in London, New York and Vienna, where Falling UP collaborators will distribute a *Gugging*-themed superhero comic to engage and attract support.

Collaborator Kerr (Interview - Kerr, A. - 03/01/19) typifies Falling UP's collective spirit and commitment to art-process for healing, saying:

Being mentally healthy is more than thinking, it is also about doing, about production, about our innate need to fulfil our sense of humanity. Art is doing for the sake of more than existing. Art is about living. Art allows us to express our humanity, our collective experience of being human, being vulnerable, incomplete, fragile, uncertain selves existing in a world which demands certainty, definitive, self confidence in proportions that rarely, if we are honest, do any of us ever possess.

1.11 Overview of the structure of the thesis

This thesis is structured around the following chapters: Introduction; Literature Review; Methodology; Visualisation of Artist-Led Research Practice; Reflections on Practice: Analysis of Gugging; and Discussion & Conclusion.

The **Literature Review** will discuss connections between Art, Mental Illness and Recovery, and examine the direct and oblique relationship amongst ideas, practice and research. These themes correlate to my research process, and my lived-experience. The mixture of studies reviewed has been guided and informed by my research question - *What is the nature of the artistic and psychological process between patient-artist and artist-doctor in Gugging?*

The Literature Review leads to the chapter on **Methodology**, which will present Falling UP as core methodology and art practice; alongside a summary of Gugging's key concepts and their related infrastructures. The chapter moves on to an explanation of the combined research techniques I decided to adopt, primarily through the prism of ethnography and action research. This will declare my position of bias in ethnographic research.

The chapter following on from Methodology, **Visualisation of Artist-Led Research Practice**, is a visual elucidation and commentary that encompasses the duration of the study. It forms a visual analysis and synthesis of data from a wide range of sources within an art practice methodology. The Data Visualisations (DVs) frequently evolved from direct engagement with first-hand data, and discussion with Falling UP collaborator-experts, often using earlier Data Visualisations and Analogue Slides in conjunction with additional sources as stimulus.

The next chapter, **Reflections on Practice - Analysis of Gugging**, will begin by discussing how Data was collected using three different yet complimentary approaches of participatory ethnography, observational fieldwork, and artistic collaborations within Falling UP Gugging. A discussion identifies observations and patterns towards the formulation of findings for each aspect of the research focus and the remit of the research question; linking these to the three research sub-questions and four wider issues.

These will be followed by reflections on art practice, the data and themes, which emerged from the Findings with particular focus in relation to the research question, sub-questions 1 & 2, and wider issues 1, 2, 3 and 4. Data derived from collaborative art-making, which encouraged and enabled interactions as direct experiential-data for research sub-question 3 and wider issues 1 and 2; were bias-balanced during discussions with my research assistants (RA1 and RA2) in Gugging, and Falling UP collaborators in Scotland, several of whom had visited Gugging. These provided me with impartial viewpoints, to counter-balance my declared subjective-bias.

Many data groups, from text-based, audio & visual recordings, and artefacts were categorised, collated, and aligned with supporting visual materials, then interpreted in the form of information graphics, diagrams and visualisations, to present visually conceptualised analyses of both discrete and combined qualitative data. It was then possible to generate holistic analyses that crossed between the different data sources.

The final part of this thesis will be the **Discussion & Conclusion** chapter. This final chapter will deal with a summary of the research findings, highlighting the essential characteristics of Gugging's two processes of *living in art* and *und die Welt*; and relate these both to the literature and to my presuppositions as I conducted the research. I shall then discuss their implications, relevance, and state their importance, whilst reflecting on related areas within studies from the Literature Review. Reflecting on my experience, I shall review and evaluate the effectiveness of my strategy of methodology, its individual component methods, and consider the limitations of the research design in light of its application in the field.

Next, I state my conceptualisation of an emerging theory of Gugging's two processes and four supporting infrastructures as they interlace with society, and set out where I consider this theory to be of significance and a contribution to existing knowledge.

Finally, I conclude by making my own recommendations for future research into Gugging, and the implementation in pilot form of Gugging's transferable processes into the art and healthcare environment of Scotland.

1.12 Funding, and support in kind, free of charge

Other than a one-off charitable gift of £1000 by a family of academics, my research was entirely self-funded. I felt quite liberated in comparison to those researchers I sometimes encountered, who were part of a funded research programme or team. Falling UP collaborators neither received funding to participate in any of its processes, nor made any stipulations or conditions on those processes, or the focus and outcomes of my PhD research. For its two pilot-schemes, Falling UP Silverburn was funded by Silverburn Park through Fife Employment Access Trust (FEAT). There was no funding or influence by anyone in Gugging on any aspect of my research, or on the artistic collaborations in Falling UP.

Chapter 2. Literature Review

2.1 Introduction

The aims and objectives of this practice-led PhD research focus on the relationship amongst and between, *Art, Mental illness and Recovery*. It is a parallel exploration of these ideas, art practices and research that emerge in the lives of the Residents of Gugging, and in my own life. Inherent to this choice of focus are interesting interpretative complications and paradox. Is it possible to accept art, mental illness and recovery as three factors in an equation of connected, but three personally unique life-*flow* practices, and therefore, conceptualised as one theme of connections? Or, are we only capable of accepting each as unconnected ad hoc processes, which when grouped together can only privilege the medical aspect, as an underpinning priority-factor, in a co-opted and *forced* conflation?

The integrity of each word's conceptual power is *lessened* through presence and connection to the others. It is important to consider entitlement and ownership in a person's singular life-*flow* within these three concepts; and together pluralistically, with each retaining its difference, yet in sharing-consensus within the rules of a *new game*, as *each* respects the *other*. The paradox of all three is a *complicit* relationship, where each entity is involved with the others, whether they like it or not. It works this way in Gugging, and in my own life.

This chapter will set the scene through an initial discussion around the separate definitions of art and mental illness; and represent the art & voices of lived experience in recovery whilst using art-making as a therapeutic process. The chapter will then review the way in which outsider artists are represented in the historical context of Outsider Art, as well as gallerists' and collectors' perspectives on the development and future of Outsider Art. The subsequent section will outline previous research studies on the themes of art, mental illness and recovery, which are pertinent to my own research. This will lead on to a review of current research studies and literature on Gugging. The chapter will culminate in discussion and comparison of the literature, and summarise findings concerning the connections between mental wellbeing and the

therapeutic practice of art, and how the literature relates to and informs the research within this thesis.

2.2 Definitions of Art

Published sixty-three years apart in 1950 and 2013, during very different eras, two art books both still in print, through their very different perspectives have contributed a pervasive influence over millions of people's definitions and understandings of art.

The Story of Art (1950) written by art historian Ernst Gombrich is currently in its 16th edition, having been translated into nearly 30 languages. It has sold over seven million copies, becoming the world's best-selling book on art. The second, *Art as Therapy* (2013), is a collaborative project co-written between philosopher Alain de Botton and art historian John Armstrong, which has become a global bestseller and is currently in its 5th edition. The ambition of both books has been nothing less than to transform and improve readers' lives, albeit from different motives, and directions. *The Story of Art* offers its readers participative engagement with the world's great artworks, leading to the reward of knowledge and understanding. *Art as Therapy* offers a more complex, pragmatic reward through readers' *collaborative* apperception of art's capacity to provide psychological relief in their lives of turmoil, which might be achieved through re-contextualized meanings within readers' life-experience. *The Story of Art* has *survived* the transition from modernism to postmodernism, and its readership continues to find intellectual and aesthetic appeal. Whereas, in *Art as Therapy* art's purposes move beyond Gombrich's remit to include the especially contemporary need and obsession for its readership's right of entitlement to access personal well-being, from every available source, including art. Both books aim to meet the needs of the individual and society in respect of culture, education, psychology, philosophy, and mental health; but differently.

This is facilitated by both through entertainingly, lively combinations of lavish illustrations and clarity of text. The public has always played a symbiotic part in its relationship to art and artists, and during the period of Modernism this role was consumed relatively passively, with the public being expected to be receptive and to react to greatness; whereas, in the postmodernist era the public plays a version of the symbiotic-role that is closer to complicity, deep engagement, and various forms of

collaboration. In the opening words of *The Story of Art*, Gombrich (1950, p.5) proclaims that, 'There is really no such thing as Art. There are only artists'. Telling the reader that visual creativity from cave dwellers who created wall-pictures of the animals they hunted, to ourselves as we make pictures for our contemporary purposes, all embody activity, which can be called art. However, art made in different eras, and for different societies, will have different contexts and meanings. Presaging postmodernist themes of diversity, Gombrich (Ibid) holds that, 'Art with a capital A has no existence', believing that for anyone who thinks that it does, has become for them, 'something of a bogey and a fetish'. Instead, Gombrich defines art as skill, and that art is not a disembodied skill. Kandel (2012, p.103) discusses the theories of art historian Riegl, an influential predecessor of Gombrich in the Vienna School of Art History, who asserts that art should not be viewed in the abstract, as an ideal. Riegl considered art in relationship to the culture and period in which it was created, and that art to be the result of an aesthetic instinct, peculiar to its era, naming it the *Kunstwollen*. Riegl also regarded the symbiosis between a picture and its viewer as crucial to the fulfilment of a work of art. Riegl and his colleague Wickhoff, together constructed a conceptual framework that acknowledged the *Kunstwollen* for each age must define its own aesthetics. This framework was created to enable the public to comprehend the role of innovation in art, bringing art into culture through the education of society *through* art history.

Key to my research is the relationship between the cultural movements of Modernism and Postmodernism. The radically different philosophies and innovations of each, in respect of politics, culture, health and art, explain the context and purpose of historical developments in Gugging between 1945 and the present. Although Postmodernism formed as an emergent cultural movement in the 1970's, the term had been used over a century before in the 1870s, as John Watkins Chapman discussed painting, and in 1914 when J. M. Thompson wrote about religion. The seismic impact of WW2 had disrupted global economic, social and cultural conditions, to provoke complex long-term developments. Starting in 1945, people began to question the traditional authority based on historical absolutes of truth that had led civilization to catastrophe. At that point in time, the voices of both Modernism and proto-postmodernism were sounding and being heard in a long transitional period into the 1980s, when *Postmodernism* had finally evolved to become the dominant global sociological and cultural movement.

The contrasting tenets of both *isms*, and their fractious temporary simultaneity, *and* joint-dominance for two decades, was resolved into a more contemporary version of collective certainties, through the victory of Postmodernism, albeit including a transition-period where variegated conflicted, forms adhered to one or other *ism*. After 1945, up until the 1980s, Modernism's values of, 'seriousness, purity and individuality' (Best & Kellner, 1991, p.11 in Emery 2002, p.32) were propagated through art education, based on the fundamental modernist theory that art experiences would lead to personal autonomy. Modernism's narrative was represented with a series of inspiring stories of artistic idealisms, whose advancement through art history was in the form of artists, who had emerged from obscurity to achieve a god-like, cultural fame and status. Art during the modernist era was liberated from the obligation to serve any other purpose than itself (Ibid). It had neither the conceptual function of participation in political debate, nor a moral responsibility to address societal issues of gender, culture and race. Art privileged western democracy, *and* its traditional dominance of white male artists. Emery (Ibid) notes that for the first 2 decades after 1945, 'rarely do theorists acknowledge that modernist art is western, insular and patriarchal'. In the 1960s, the critical perspectives of postmodernist thinkers *and* feminist groups, exposed Modernism to be, 'myopic', and with theories that, 'had become self-fulfilling prophecies' (Ibid). Its theories promulgated key modernist concepts of: artists as heroes; the forward thrust of the avant-garde into progressive futures; the work of art as a functionless entity by being *Art for art's sake*; the unassailable primacy of fine art; the assumptions of western universality; the key interpretative role of art criticism; the linear progression of the history of art; the marginalization of women artists, and continued their absence from art history; and optimism - 'to be modern is to find ourselves in an environment that promises us adventure, power, joy, growth, transformation of ourselves and the world' (Taylor, 1987 in Emery 2002, p.30). Ironically, it would be modernism that would play a role in its own demise. Its values had underpinned public education for over four decades, and had educated citizens. Co-incidentally, this prepared society's educated, critical participation in change that created an alternative culture in postmodernism.

Three artists who are considered important and influential both during and after their lifetimes, each with an impact beyond art history are Pablo Picasso, Jean Dubuffet and Joseph Beuys. Together their ideologies span modernist practice, the interregnum

period in-between modernist and postmodernist activity, to Postmodernism itself. With their words come their lived-experience, both internal and external, to provide more than academic theory in their production of the creative matter, which culture is built on, and seen by millions. The perspectives of each connect to the tensions and fractures found in the development of Gugging from 1945 until today. Picasso made a significant contribution to 20th century Modernism beyond art, living until 1973 into the early Postmodernist era, where he continued to influence art through his constant creativity and aesthetic metamorphoses into his ninety-first-year.

In Jean-Louis Ferrier's book published in 1989, *Art of the Century - The Chronicle of Western Art - 1900 to the present*, out of the book's 850 pages, Picasso is allocated 255 entries, with 47 colour images of his art. Picasso appears in the introduction on page 7, and finally on page 847. He was first featured in the year 1900, and in most of the years in-between lastly mentioned in 1988, the final year of the book's chronicle. As the most important artistic event in 1973, Ferrier (1989, p.696) uses the headline, 'Picasso, The Genius Who Was Struck Down'. He lionises the artist in a hagiography that begins, 'Picasso is no more. This giant, this genius, consummated his wondrous destiny. His legend begins' (Ibid). Ferrier contemplates Picasso's legacy and posterity, and proclaims, 'Only this era, our era, could be so suitable for him, an era without tradition, without faith, always on the launching pad, creative, in shock, feverishly adolescent, changeable'. Describing Picasso to be art's equivalent to novelist and playwright Balzac and poet Rimbaud, Ferrier confers him to be the equal of Michelangelo and Tintoretto, saying that, 'During three quarters of a century, he made a tempest blow through the world of art' (Ibid).

Picasso's trajectory was peculiarly modernist through being mysteriously powerful, mystical, heroic, obscure, genius, restless creativity, progressive, certainty, and *the* king of the vanguard - ahead of all others. Ferrier (Ibid, p.697) cites from the original 1964 document *Secret d'Alcove d'un Atelier, Paris, Cercle d'Art* - Picasso's own words:

- As for me, I cannot do anything else but what I do.
- What truth? Truth cannot exist. If I am trying for truth in a canvas, I can make one hundred canvases with this truth. Then, which one is the true one? Truth does not exist.
- Freedom - we must be careful with it. In painting, and in everything else

whatever you do, you find you bear chains: The freedom not to do one thing requires doing something else. This means chains.

Picasso must surely be the prototypical modernist, whom Jencks (1986, p.7) suggests as he says:

The modern age, which sounds as if it would last forever, is fast becoming a thing of the past. Industrialisation is quickly giving way to post-Industrialisation, factory labour to home and office work and, in the arts the Tradition of the New is leading to the combination of many traditions. Even those who still call themselves Modern artists and architects are looking backwards and sideways to decide which styles and values they will continue.

Ferrier's reference to Picasso's cultural influence, scattered across 88 years of western art, is actually revealing the prime example of both the glue within the 20-year transit-zone of two diametrically opposed cultural movements into postmodernist society, and the blatant obsession with eclectic referencing through artistic process.

Jean Dubuffet's disaffection towards art's tradition of exclusion through cultural elitism, led to the creation in 1948, of an alternative artistic genre called Art Brut. Three years earlier, during a visit to the Waldau clinic in Switzerland Dubuffet first used these words, [art brut (art raw)], to describe drawings created by a psychiatric patient, called Adolf Wölfli. According to John Maizels (2009, p.4) the editor of Raw Vision Magazine, 'Dubuffet meant art that was raw, *uncooked* by culture, an art that was at its most pure, its most powerful, and most meaningful' (Ibid). This characterises Art Brut as an art created intuitively for personal motives, with no intention that it be exhibited, sold, or to become famous because of it.

Dubuffet started a movement to celebrate the authenticity of the untrained, intuitive nature of art created by outsiders, who were isolated from the traditional art world. He collected examples of *Art Brut*, which was created by young children, offenders in prison, and residential patients in psychiatric hospitals. Dubuffet (Ibid, p.9) believed that Art Brut was the *real* art saying that:

True art always appears where we don't expect it, where nobody thinks of it or utters its name. Art detests being recognised and greeted by its own name. It immediately flees. Art is a character infatuated by the incognito.

Excepting Art Brut, which is still around, all of the other art movements and genres from the 19th and 20th centuries have had a beginning and an end-date. Gugging Art was first characterised as Art Brut through its early validation as a result of contact between Doctor Leo Navratil and Jean Dubuffet.

In *Art of our Century*, Dubuffet is allocated forty-three entries, with eleven colour images of his art. He appears in the introduction on page 9, and finally on page 808. He was first featured in the year 1943, and in many of the years in between, lastly mentioned in 1985 on his death. Ferrier writes of Dubuffet in the 1985 section (1989, P.808), the statement, 'Art Brut Loses Its Genius'. He refers to his own apprehension of the exhibition with 150 of Dubuffet's artworks held two months after his death, that the art would be too cerebral, given Dubuffet's insatiable appetite for writing, commentary and lecturing. Ferrier was not disappointed, as he described the exhibition impressive, 'here he is the opposite. The most amazing feature of this great lecturer is, first and foremost, his pictorial quality' (Ibid).

Dubuffet considered the intellectual as, 'a person without horizon, opaque, without vitamins, a swimmer in boiled water without roots, without attachments. Losing his sight' (Ibid).

2.3 Art and its historical relationship with mental health and illness

Ferrier (Ibid) described Dubuffet's disaffection towards the great works of the past that were displayed in museums as the best, complaining that a small elite, who determined the quality-standard by their rejection of everything else. He also noted Dubuffet's championing of the instinct and untamed nature, the underdog, the disadvantaged and the isolated; and that he liked art by the mentally ill, made by, 'people unspoiled by artistic culture' (Ibid). According to the Ferrier, seeing art by mentally ill people was Dubuffet's *eureka*-moment, and equivalent to Picasso's African masks, without which influence:

Cubism would not have been possible. They allowed him to reach the same breakthrough that Picasso reached through a Dogon mask. This search for physical beginnings is everywhere in Dubuffet's work (Ibid).

Ferrier's final words on Dubuffet were, 'A very great artist is dead' (Ibid).

Dubuffet 1961 - Prospectus et tous ecrits suivants. Paris, Gallimard, cited by Ferrier (Ibid, p.579):

- Art is a source of great enchantment. The need for art is as basic as the need for bread, perhaps even more so. Without bread one dies of hunger. But without art one dies of boredom.
- Everyone is a painter. To paint is like to speak or walk. For the human being it is just as natural to draw on any surface available and to make some kind of image, as it is to speak.
- As for myself, I hold in high esteem the values of savagery: instinct, passion, capriciousness, violence, and delirious-ness.
- Painting is a much more spontaneous and direct language than spoken words. It is nearer to a cry or a dance. That is why painting is a much more effective than words as a means of expression for our inner voice.
- Ideas are but a faint puff of air. It is when visions disappear that ideas emerge along with the blind fish of their waters, the intellectual.
- Art should not announce itself. It should emerge unexpectedly, by surprise. Otherwise, it will be much less effective.

In contrast to Picasso's unpaid debts to his inspirations, Dubuffet always celebrated, collected and shared with wider culture the influences on him by others, as he accepted their pictures as authentic art, in their own right. He played an early role that was essential to Gugging and its development in the context of art. Dubuffet's values towards diversity and agency were early examples to postmodernism in art.

The essential elements of postmodernist perspective include: the individual as a participant within culture; a sense of the *other* and awareness of difference; pluralism through diverse cultural and social contexts; that art has multiple readings; to challenge modernist divisions between fine art and popular art; multiculturalism; to promote issues of identity, nationalism and heritage; the viewer as critic; art knowledge as non-linear, questioning systems of knowledge and power; meta-narratives replaced by mini-narratives; identity and issues of gender; scepticism leading to *sites for struggle* in art; and that art knowledge is not seen as fixed and stable. The only certainty in postmodernism is that there is no single certainty for truth; rather there is truth in the diversity of certainties through entitlement, and the rights of agency.

At the end of WW2, all of the countries where conflict took place had become sites of physical and psychological devastation. Most of central Europe was the battleground of *total war*, as virtually all of the populations of Germany and Austria fought to a standstill, and total defeat. The world was divided into the victorious and the defeated. Austria and Germany were not only crushed, but guilty and shamed forever, because of their complicity in the conception and the execution of the Holocaust. During the two decades after the war, Germany, and particularly Austria resisted acceptance of guilt. By the 1960s, as rebuilt societies and under a new climate of liberal politics, a second process of de-Nazification, called *Vergangenheitsbewältigung* was put in place, where public debate focused on the two countries' active involvement in war crimes and atrocities. This process finally resulted in the acceptance of collective culpability. Austria's acceptance of guilt, was complicated due to historical interpretation of the Anschluss, and the Moscow Declaration of 1943 (p.827), in which the Allies had categorised Austria as victim:

The governments of the United Kingdom, the Soviet Union and the United States of America are agreed that Austria, the first free country to fall victim to Hitlerite aggression, shall be liberated from German domination.

Young citizens of post-war Germany and Austria had inherited their parents' shame. Any pathway towards redemption had to involve them through blood connection to guilt. The way forward was the creation of a new moral climate with the infrastructures of moral justice. These would remind and also educate people about the past, their responsibility for that past, as well as a responsibility for the future. Such conditions significantly influenced the course of post-war developments in Gugging.

Joseph Beuys had been a Luftwaffe pilot during the war. His contribution to building a new society after the war was to study art, and to use art as a means of effecting societal change. Ferrier (1989, p.813) relates a key example of a Beuys' conceptual intervention in action from 1978, in publishing *An Appeal to Alternatives* in the Frankfurter Rundschau daily newspaper. Beuys laid out a *manifesto* to reform society in order to move beyond Capitalism and Communism, which in his belief had, 'led humanity to a dead end' (Ibid). Also an ecologist, he considered the relationship between nature and industrial processes to be, 'completely perverted'. Beuys exhorted

a third political direction, which could deploy, 'social sculpture, which moulds humans as an artist' (Ibid).

As Beuys' describes his art to be 'works' that form documentation and evidence of his 'life acts', Ferrier (Ibid) asks the question, 'is Beuys a charlatan or a genius?'.

The Documenta is an event held every five years in Kassel as a *museum for 100 days*. Set up in 1955, as part of an initiative to bring together international modern art in non-selling exhibitions, it was a means of banishing the cultural repression of Nazism. During the 1982 *Documenta 5*, Beuys acted under the auspices of his *Organization for Direct Democracy*, to remove heavy basalt paving blocks in front of the Fredericianum Museum, and plant in their place 7,000 oak trees. Beuys had engaged in symbolic combat against the transformation of the planet into a wasteland, through this union of ecology and art to re-connect what had been separated and torn apart (Ibid).

The words of Joseph Beuys - in Ferrier (Ibid):

- The error begins the minute you take it into your head to buy a painting and a frame.
- In every human there exists a potential creative faculty. This does not mean that each person is a painter or a sculptor, but that there is latent creativity in every domain of human effort.
- I keep coming back to this expression: In the beginning was the Word. The Word is a form. It is quite simply, the principle of evolution. This principle of evolution can now come forth, emerge from humankind; the old evolution is over; that is the reason for the crisis. Anything new that happens on this planet must be brought about by humans. But it cannot come about if the source has dried up, that is to say, if the beginning has no form. So, I am calling for a better form of thought, of feeling, of willpower. Those are true aesthetic criteria. But they should not be judged solely on the basis of their exterior forms. They lend themselves to judgement while they are still within the individual where they can be observed. That is when we suddenly become aware that we are spiritual beings.
- My sole aim is to show, in a constructive manner, the monstrously undeveloped possibilities, that are within us, possibilities that we unfortunately use so rarely, and which we ought to use.
- Creativity is solely that which can be defined and justified as the science of freedom.

Beuys ideas found fertile ground within his own society as it searched for ways to resolve its collective shame. It was through participation in good acts, and the hope to facilitate change, that a new art emerged through people as social sculpture, forming themselves in *better forms of thought, of feeling, of willpower* towards a better, more decent society. Ordinary people mattered, and many needed to be active in the process of redemption. In the post-war scramble of artists to move away from social realist figurative art, Dubuffet's *anti-art* provided an alternative artistic genre to abstraction, and an artistic form of democratic inclusion for some of the former target groups of Nazi persecution.

Beuys and Dubuffet both became *art-gods* like Picasso, however they took along with them ordinary people as equals through participation. Picasso continued his heroic personal artistic development towards postmodernism, forming an emblem of the power of change and creative re-invention, albeit in his case, mostly for Picasso.

It is important that when we discuss art we emphasise that people conceive and create it. They are the lived-experience that permits theory to be shaped. It is their inner and outer experience together embodied as art, that might inform us why they did it, as much as what it means to the rest of us. Artists' words might not offer a great deal more than indications of social and psychological identity; however, within that transaction we are complicit, for Art as only the artefact is untenable, and really *there are only artists*.

The only art movement, or genre that historically sought out and accepted people with mental illness as a qualification, has been Art Brut; and due to such negative qualifications of health and related stigma, up until recently, no healthy people would have been either qualified or interested, in being an Art Brut artist.

Hall and Metcalf (1994, p.xiii) describe twentieth-century western declarations of cultural self as having been obsessed with *otherness*; and to conceptualise and create their own art, 'modern westerners have unrelentingly studied and collected the art of *others*'. All kinds of art and artwork were seized upon, prompting a reverse of cultural assimilation, with the dominant culture instead visually resembling *outsider* cultures, to give form to their *insider*-dialogues, embodying modernist ideas of aesthetics. Picasso, Klee and Breton all self-calibrated their cultural ethos against the *other*, in

the form of tribal carvers, children, naïves, and the mentally ill. In 1947 when Dubuffet found *artistic otherness* in art that he gathered from psychiatric patients and isolated self-taught artists, he considered them to be visionaries, and re-conceptualised them as *Art Brut*. In 1972, Cardinal who popularised Art Brut throughout the English-speaking world as *outsider art*, accused Dubuffet of having been motivated by the desire to prove his theory that, ‘such a thing as authentic creativity could come into being outside what he saw as the impregnable walls of an elitist art world’ (Cardinal 1994, p.23). Cardinal (Ibid, p.38) challenged the true lover of outsider art to look beyond a contentious token or a replication of Dubuffet’s anti-cultural stance, to instead, look more closely at the art, and to:

...discern that which in the work conveys an individuality and therefore also a vulnerability, and we may also discern that which transcends its private discourse...When it happens, vulnerable oneself, one will echo and honor the vulnerability of the Outsider, and discover in this reciprocity a basis of human understanding and, as a bonus, a surge of feeling which is the aesthetic experience par excellence (Ibid, pp.38-39).

But who would really want to be in the shoes of the *other*? I can imagine it might be quite easy to try those shoes on, and to have a go at walking in that *other* place; but for how long? Try it for a lifetime.

2.4 Mental illness

Mental illness is not something that everyone will experience. I have worked creatively with over 100 mentally ill people, and like healthy people they are idiosyncratically different from one another, through their personality, physicality and intellectual capacity. Most of those 100 people are chronically mentally ill, and they will never recover full health. Instead, they live in varying, changing states of recovery life-styles. Knowing this through experience is essential to the understanding of what can accompany invisibly, an interpretation of the words spoken by those people who suffer chronic mental illnesses. In my research, to differentiate the different changes in people’s conditions, is central to acquiring an accurate understanding of the meanings intended by those others as they use words.

The Difference between Mental Illness and Mental Health:

Often the public and sometimes the media, confuse mental health with mental illness. The difference between them is an important factor in the comprehension of core aspects of research terminology within the literature. Benton (2018, para. 1) draws a clear distinction between mental illness and mental health, pointing out that they are, ‘often used interchangeably as if they are the same dimension’.



Figure 1. Continuum between mental illness and mental health. Source: Benton.

Rather, Benton considers both terms best understood as separate dimensions, both of which can be usefully combined to describe a person’s experience. She believes that, ‘to function optimally in our lives, it is important to attend both to treating mental illness and addressing mental health’ (Ibid); and recommends a strategy model of examining both capacities, to secure multiple sources of wellbeing like diet, exercise, social support, digital tools (particularly for improving aspects of mental health and well-being) and activities that support, ‘a sense of meaning (and) help us to live more satisfying lives’ (Ibid).

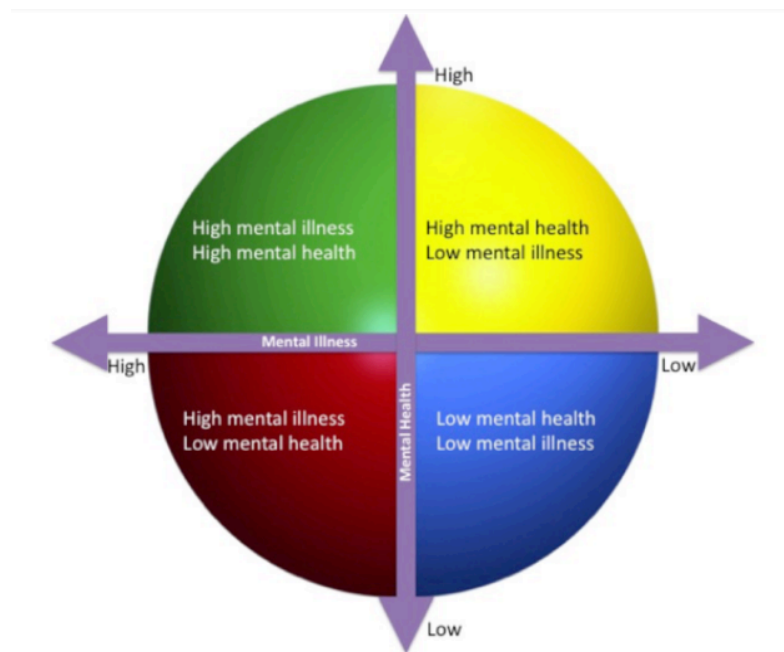


Figure 2. The relationship between mental illness and mental health. Source: Benton.

Over the past decade, the impact of, and prognosis for mental illness and mental health within our society have become an increasingly concerning and urgent issue, that needs to be addressed through new strategy policy and appropriate budgeting. According to the Mental Health Foundation's report, *Fundamental Facts about Mental Health* (2016, p.14), 1 in 6 people over 16 years-of-age had a common mental health problem in the week prior to being interviewed for the *Adult Psychiatric Morbidity Survey (APMS)* in 2014. It noted that 43.4% of adults, 'think that they have a diagnosable mental health condition at some point in their life', and finds that 19.5% of men and 33.7% of women have had diagnoses confirmed by professionals (Ibid). MIND.org.uk cites the *Adult psychiatric morbidity in England, 2007: results of a household survey*, stating that, '1 in 4 people in the UK will experience a mental health problem each year'. In the APMS, it was found that 20.6 people out of 100 have had suicidal thoughts over their lifetime, according to the Mental Health Foundation's report *Fundamental Facts about Mental Health* (2016, p.23).

Brown and Trigg (2018, paras. 58-59), state that in spite of attitudes towards mental illness showing an improvement, 'nearly nine in ten people, who have had mental health problems, report they have suffered stigma and discrimination', concluding that, 'for all the positives, there's a long way to go, it seems'.

The SANE Australia website factsheet (*Families, friends and carers 2019*) says that, 'mental illness often has a ripple effect on families, creating tension, uncertainty, troubled emotions and big changes in how people live their lives'; and the blog for the Priory Group (priorygroup.com 2019 *individuals*) reports that the person with mental illness is the cause of, 'consequences for others within their social networks, most notably their family'.

Today's ubiquity of mental illness and mental health problems has resulted from an unexpected decrease in public mental health and increasing numbers of people diagnosed with mental illness. A lack of extra medical staff and new wards to cope with these changes, has resulted in a spill *into* every part of society, from our general hospitals, psychiatric hospitals, and secure psychiatric units. The NHS cannot be charged with sole responsibility for the care and maintenance of the increasing numbers of our citizens requiring psychiatric medical attention. The societal problems that have contributed to this crisis need to be identified and effectively addressed, in

order for citizens to return to an improved state of mental health. Art has a role to play in a relationship with mental illness, and in a relationship with recovery. Who might own this relationship most of all? The artist? The therapist? The patient? These three persons generally operate discretely in each domain, yet it appears possible to me that all three roles might be found in one person. To recognise this could empower innate capacities for self-healing, albeit with the intermittent support of a psychiatrist.

2.5 Art & Voices of lived-experience in recovery

Raw Vision Magazine has showcased outsider art to a broad cultural public since 1989, in over 100 issues. It was the world's first, and is the only international journal of Art Brut, folk art, and outsider art. Raw Vision's listings for exhibitions, outsider art fairs, auctions, museums, galleries, obituaries, tributes, and interviews with outsider artists, have a global reach and provide a focus for a worldwide, indigenous, psychological, grassroots form of art.

It has played both a significant role in outsider art's progress into the international art market, *and* towards its acceptance as contemporary art. In its publication the Outsider Art Sourcebook (2009), the chapter on *Artists and Visionaries* has 130 artists, each depicted on a single page through a large colour illustration and a short 250-word biographical summary. None of the artists is represented by their own words. The voice of lived-experience *is* present, only not that of the artists who mostly have learning disabilities or mental illnesses - nearly all living in varying degrees of isolation. In around 50% of the biographies, there is a sometimes-lurid description of their mental condition, and in certain cases, sudden significant psychological or physical trauma, which provoked in that person life-changing behaviours, including compulsive creativity and picture making. One can only hope that such tragic events that led to purposeful and productive lifestyles were *cause for celebration* in those people. However, in their biographies their lives are firmly and forever subtended to stigma, resulting from a lack of respect for their medical privacy. This is part of the problem. Outsiders are unlikely to be forthcoming in words, and their art is rarely allowed to speak for them, especially in the marketplace. So, is it protection, or ruthless promotion?

- Joe Coleman (b.1955) as a boy was labelled emotionally disturbed following his pictures of bleeding Saints (Ibid, p.60).
- Aloise Corbaz (1886-1964) a cultured, educated woman, private tutor at the court of Kaiser Wilhelm II, on developing an over-powering infatuation with the Kaiser, her mental state became increasingly agitated and she was returned to Switzerland and admitted to an asylum in Lausanne (Ibid, p.62).
- Henry Darger (1892-1973) an orphaned child, spent his early years in a Chicago institution (Ibid, p.64).
- Auguste Forester (1887-1958) as a young man was often arrested for travelling on the railway without a ticket...his fascination with trains eventually led to him derailing one by placing rocks on the railway line, he was subsequently interned (Ibid, p.75).
- Carl Genzel (1871-1925) had numerous convictions for violent offences and was admitted to a hospital after suffering paranoid delusions after an accident caused the amputation of his leg (Ibid, p.78).
- Anne Grgich (b.1961) had a troubled and unusually unlucky background, following a serious car accident at 19 she spent 2 months in a coma (Ibid, p.83).

In the case of the artists cited above, the connection between mental illness and art has been formalized in culture; yet, paradoxically an act of apparent stigma delivered their rights to disability entitlement, releasing them from any obligation to represent themselves as artists in ways other than through art itself. Art Brut, or self-taught, artists with chronic mental illnesses have already established their talent for self-representation through their art. Their capacity for verbal self-representation varies across a spectrum, ranging from severe learning difficulties to high functioning cognitive reasoning. These artists and the professionals who enable their functioning in the art world, together coalesce in sometimes joint-lived-experiences, as the artists would with carers, or family-carers; in relationships of misunderstanding for the lived-experience of each other, sometimes bordering on disrespect and disregard for the dignity in the other - just like family members, or partners. Their perceptions of the same event or activity is biased according each to their own motives and purposes, for being together in culture. Art dealers, gallery owners, and outsider artists co-exist, and between them the lived-experience of the artist is represented most literally by the others. Fine (2004, pp.58-59), a professor of sociology exposes how the biographies of outsider artists are created, and gives an account of his visit to an important self-taught artist; where he describes the people and environment, emphasising dilapidation, physical flaws, and unpleasant smells. He highlights abnormality in his host's standards of personal care and grooming, with barely disguised disrespect,

contrasting what he encounters with his own world of different values and standards. Fine (Ibid, p.59) writes, 'I poke fun at myself, but the images are real'; but even were this so, I personally find his covering-remark difficult to credit with sincerity, particularly after the following words reflecting his first-hand experience:

...nearly a shack badly in need of repair-damaging...musty, pungent odor absent in professorial domiciles...located in what might be called the backwoods...warmly greeted by a brood of emaciated cats...the artist, gaunt, nearly toothless, sometimes incomprehensible...the artist's over-weight daughter padded around...

Perhaps he didn't intend to be read as mean-spirited. Both visitor and host apparently have different criteria for everything, due to their own cultural and emotional needs, yet they are able to form a working symbiosis of stereotypes to deliver in their compromise of mismatch, the cultural needs of society for outsider art. Fine (Ibid) reiterates that his descriptions are realistic and accurate, and excuses himself for recording them luridly, by accusing culture of the need for stereotype. In an email sent to Fine by art dealer Lois Zetter, the tone of which he interprets as irony, where Zetter writes about a colleague collector, who jokes about dealers describing their artists as:

He is actually a retarded child who at the age of eight, tore off his right leg, and had nothing to do and so he has begun with his tooth that sticks out at a ninety degree angle - he's begun to paint these paintings, and he does it only to certain music (Ibid).

Fine (Ibid, p.61) points out the difficulty that dealers experience when establishing the purist criteria of authenticity for outsider art, citing the case of British outsider artist John Loudon, whose outsider credentials had originally fitted the profile of:

...the solitary lifestyle, the nutty habits, the freedom from artistic influences. above all, indifference to earning money. Scrounging for canvas and paint, going without luxuries such as food and socks, are all part of the life of austerity that one's public demands. In the end, the outsider's surest way of proving his integrity is to be dead.

However, after having the temerity, albeit through ignorance of the rules of outsider art, to eschew his poverty, and to successfully sell his art to commercial galleries, Loudon had crossed an invisible boundary. He alienated his own dealers, who

promptly, *de-selected* his outsider status. That Louden was a van driver and self-taught artist, living alone, painting obsessively, to produce stacks of paintings, completely filling his small house and garden sheds, had qualified him (Ibid) through his eccentricity. Louden's subsequent disqualification disrespects and stigmatizes an already stigmatized human being for not fitting exactly into a label that stigmatizes. Fine believes it a *fine-line* that differentiates artists from folk artists. Fine (Ibid, p.135) discovers it increasingly common for art dealers and collectors to lament the impact of fame on their outsider artists, with some even considering success inimical to being an outsider. However, although he finds very few artists who would agree with that belief, he has witnessed problems with public success, which for some, lead to creative block. Fine identifies a major problem with the dealers and collectors themselves, and their elitist perspectives that censure the outsiders for spending their earnings inappropriately, citing one dealer:

I got a feeling if you looked in his pocket at the end of the day, that \$2,000 is gone. He's not a businessman. His kids probably take half of it. He probably spends the other half on unnecessary stuff, and I think he's just as poor the next day, and just hopes that someone comes by and buys some more (Ibid).

Whilst that may be inevitable, surely the outsider artist is entitled to live their own experiences, good or bad, and to make decisions through their own free will? Especially so, in relation to that collector, who first of all makes the purchase and afterwards develops an inverted sense of guilt. The lived-experience of people with chronic mental illness will always include somewhere, directly and indirectly, complementary lived-experience of people who are healthy. Both sides will always be limited according to their assumptions about others' lives.

Sagan (2016, p.43) finds that stigma, polemic, and the unresolved nature of mental illness, 'breathed in people's stories'. The author (Ibid) relates Ayden's plight of, 'how am I to configure myself vis-à-vis it?' and describes him turning from bewilderment to resentment at presumptions of diagnosis. Ayden maintains that his feelings should be at the centre of any understanding of his condition:

I've been diagnosed as depressed, anxious, then bipolar...I think earlier they said I had dissociative disorder...that I am this, that...(sigh)...I'm just me, to

me...(pause) and stuff happened...and I know what I **feel** about it...I look there (Ibid).

Sagan notes the frequency of patients having very different perspectives of their mental illness to those who treat them; and that this in turn can lead to feelings of reduced esteem and a devaluation of their lived-experience. She discovered that some patients researched their diagnosis, acquiring a basic medical vocabulary to become able to speak about the causes, treatments and prognosis for their disease. According to Sagan, this led to a dislocation between experiential insight and an acquired counter-narrative. Paul queries the diagnosed cause of his long-term illness as an imbalance of serotonin, to instead suggest a more deep-seated origin, saying, 'It's a real depression. It's not a chemical thing. I've taken anti-depressants and they have done nothing for me because they don't address the root of the problem' (Ibid).

It is not uncommon to experience difficulties in receiving an accurate diagnosis. Many people undergo a process, where one diagnosis supersedes another, as symptoms become worse rather than improve. Mickie speaks of their difficult experiences in this respect:

It wasn't really until I was 21 I had a proper breakdown in the sense that I went to hospital...And then there was a whole kind of sequence really until I was 32 in 2002. That was the last time I was in hospital anyway, at which time I was diagnosed with bipolar affective disorder, which I suppose it's still a bit shaky...To be honest, I was frightened in being diagnosed in anyway and also very fearful of the whole thing. I just wanted to be normal I suppose (Ibid).

Sagan wonders how people are actually able to endure such awful, psychological difficulties and still retain some grasp on reality (Ibid, p.44). She remarks that for many patients, their journey back to improved mental health is due in part for some, and entirely for others, to art:

...in a lot of ways, my involvement in the arts is one of the primary things that helps me cope with my depression and my circumstances. It's probably the *raison d'être* of my life, the primary thing in my life. (Paul) (Ibid).

'Art is the thing that gets me through all the barriers that I get to in my life.' (Crystal) (Ibid).

Many of those who found value to their mental health through creating art, recount to Sagan their familiarity with art therapy, community arts, participatory arts or social practice (Ibid). Most experiences were deemed satisfactory, though some participants had become disaffected. Sagan credits participation in art therapy as having stimulated for some, further art activities of art education or community art initiatives. The ad hoc nature of access to art therapy made many interviewees unhappy. Some, because they weren't considered for art therapy as treatment, and others were offered too few sessions, in some cases one single appointment. In spite of considerable variations in quality of provision of art materials, accommodation and the attentiveness of therapist, the majority nonetheless found it, 'a welcome relief from the drudgery of hospitalization' (Ibid, p.45). Sagan suggests that participation and subsequent satisfaction for some, might result from an ulterior motive of avoiding the more intense experience of talking therapies:

I'm done with going over and over the story. I'm done with the dark paintings. I want to look at something...anything...an animal, a flower, something not me, and say 'that's my subject'...there's something about that very decision that is important to my being well...looking ahead...beyond...(Leonne) (Ibid, p.46).

However, for art therapy participants the process addressed the past through intuitive visual symbolism-forms from a different direction, to arrive at, 'a welcome *light bulb* moment':

What I didn't realize is that you then all sit around and discuss the piece of work and I had nothing to say about my work because I didn't think I was emotionally connected to what I had drawn. And then the art therapist started to suggest - not suggest, ask me - if it represented how I felt about my place in the world, being alone on a desert island...and I just completely broke down. (Pause). It connected so utterly (Crystal) (Ibid).

Repeatedly, interviewees remembered making pictures that represented their emotions and experiences more fluently, and with greater meaning than speech. As Liz explains to Sagan (Ibid, p.73):

So all the art work and all the healing that has happened in the last seven or eight years has really been about trying to find another language for the thing I didn't know how to talk about or the thing I didn't have language for...

Phil who is a fifty-four-year-old, contemplates how pictures can embody particular experiences to transcend time. (Ibid):

I grew up in Yorkshire and in Scotland...I began drawing at an early age...I remember one drawing in particular which was of me picking snowdrops...it was about the **experience** (pause)...I don't know...(pause)...well I found the drawing thirty or forty years later and it sort of...I could **remember** the **experience** of it...

Sagan (Ibid) reports that when interviewees speak about their art and its importance in their survival, they falter in the process of talking. They lack confidence, verbal ability and fluency. They frequently pause hopefully, to search for the means to express their feelings in words. Their body language, and its nervous motions, gives them away. The things they manage to place in their pictures, they simply are unable to express efficiently using words. It's not only Phil who believes pictures record experiences more effectively than words. Sagan (Ibid) considers her interviewees' pictures to express experience that is seminal, two-fold in that the picture embodies both its unconscious artistic means, and its resultant autobiographical visual narrative; 'to *then* become speak-able', through a re-negotiated identity through art practice. Mabel (Ibid) describes this as:

...worlds that exist within you can be revealed through the making and the painting and the drawing...it's something there that you've made, it's given you a connection with something outside of yourself but nevertheless part of yourself. That's the value of it.

Tara is a reclusive artist (Ibid. p.74), and during forty of her forty-seven-years of lived-experience she had been subject to psychiatric intervention. Of her brief interview with Tara, Sagan notes her own heartfelt feelings of sympathy, as Tara related that the tale of life's events is, '...deep, too deep for language, but not too deep for the eye' (Ibid).

For some people, creating art is a discursive platform that can be seen as an end in itself, where there is no need for verbal explanation because the artwork is not only the embodiment of the story that needs to be told, it *is* the telling. The act of art being made re-affirms identity, as a person's lived-experience becomes represented in forms. It has the potential to provide a private cathartic space, a secret therapy. As revealed in Sagan's interview with Paul:

...my art helps me to connect to a part of me that was lost when I was very young. That part of me which was lost when my mum left. I was four years old and although I cannot say for certain I think I can actually remember the day that she walked out...I believe I get in touch with a very sensitive very hurt part of myself and that through the very act of art I am telling myself that it will be okay and that...my art has become the place where I try to reconcile that war between the lost little four-year-old Paul and the grown-up Paul, the father and the mother. (Paul) (Ibid).

It can appear monotonous to look at, and tedious to read through, but another person telling you something deeply personal about their life deserves respect on its own terms. And if Paul's testimony of lived-experience is characterised by tautology when compared to Tara's concision, it's important to accept that these differences shouldn't condition the space available to them, in time or centimetres. Their art might be of a similar physical scale, but each person's life isn't really measurable in the ways we try to. Art in these people's lives can only be measured by how long they actually do the art, when it becomes part of life as they survive. Sagan's (Ibid, pp.74-84) interviewees present a broad set of ways of saying something of the efficacy that art contributes to improved mental health. But is their testimony useful, in support of bids to fund art interventions for the mentally ill? Art has obviously had immeasurable impact on these lives according to interviewee's subjectivities of lived-experience; however, immeasurable is not measurable, and thus proof of efficacy ironically cannot be calculated from the *happy customers* of a costly therapeutic service.

The author (Ibid, p.75) recounts Ruth who believes that:

...you can actually explore your feelings through art much more openly actually, you can explore feelings of pain, you can explore wounds, you can explore how things are connected in a way that words don't give you the ability to or actually where words stop sometimes.

Should Ruth's personal findings matter to anyone other than herself? Or, to put it differently, is she experiencing something that is necessary towards satisfying the metrics of successful medical treatment, administered to her by professionals? In Sacha's (Ibid) expression of how art has benefitted her, she is too elliptical in separating the subjective from the objective, to pinpoint evidence of interpersonal connection. Yet, this could be a valuable step in her recovery that could justify being financed through art therapy:

You uncover...(pause) something in your experience and then put it together...and then you communicate it and the satisfaction is...phew!...em...sometimes when I'm communicating it I'm thinking God, what the hell am I going on about! I'm not understanding this, it's meaningless babble...but you come out the other side of that and then you get a connection with another person (Ibid).

When Neenah puts it that, 'My art practice has been very central to my recovery – it has been there, in tandem' (Ibid, p.84), there is no clinical relationship revealed, although her total experience of recovery were it monitored and all its constituent parts quantified and contextualized, it might be possible to understand these summative declarations. Otherwise, a good story is just that in the eyes of people who buy or pay for things, including community health services.

Yelena's (Ibid) story is likely to be commonplace, given that mental illness is unlike physical illnesses, both having psychological aspects to critically different degrees. Although, her doubt undermines the good stories, it does illustrate that outcomes of behaviours related to art might not need a good report from a patient if their social health is managed through art-process. Yelena, describing her experience says:

...mental health to me is so confusing...It is absolutely impossible to encompass it and I can see the limitations of art; I can see the limitations of anything compared to my mental health because when I see the art I can see an image but I can't see the whole picture. It is never the whole picture. Does that make sense? So it doesn't give me completion and I don't think art will give me completion. It won't create an answer. It won't give me recovery. (pause) It **won't** give me recovery. It is not a cure...is what I'm trying to say. But it is a process and during that process I see myself getting better...so I guess it does, [help]...yes (Ibid).

Darrell furthers this negative stance as he believes:

I find the whole concept of recovery dubious. I'm not sure you can recover from certain things. I think the things that have been key in my life, the issues that have been plaguing me throughout my life – I don't think you can therapize those things away. I think you have to just kind of have to live with them. They're part of what makes you what you are (Ibid, pp.84-85).

This perspective suggests that reasons and strategies outside his own situation need to play a decisive role to improve Darrell's life. But what he says is correct. You cannot

wipe the slate clean with mental illness but you can be at the centre of a managed recovery-lifestyle, with structured social support for beneficially connective activities.

Marty (Ibid, p.85) has found such a role when he uses art's benefits to him, as he mentors others. This type of *job for art* in his life is measurable, in terms of hours spent, with a number of others, in a particular place, for the specific reason of benefiting the social and creative life of those who need some help towards better mental health. Marty says that:

...art and creativity in general are definitely part of my recovery so I do my best to use it to help other people to empower themselves. I can't explain how it works, it's not quantifiable, and you can't work it out from statistics and attendance records. It's a bit mysterious (Ibid).

Ruth (Ibid) goes one step towards proving efficacy through evidence of advocacy in action, by setting up KINDARTS, a third sector organisation in collaboration with others with mental illness. Ruth says:

So KindArts was set up by myself and other people who also had mental health issues who also used their art work to help them recover...But yeh,...well they know that people in poorer communities suffer higher levels of ill health than people in richer communities and also will recover differently (Ibid).

What is measurable in the eyes of everyone is the success of art used by mentally ill persons, as a service to assist others through mentorship, or in the creation and running of a non-profit therapeutic organisation, or third sector group; whereas art used as part of experience in supported isolation might only count as a self-therapy that *ought* to cost nothing, financially.

Sagan's (Ibid, p.85) interviewees referred to their *recovery journey*, and on its twisting pathway there was an acceptance that debilitating illness happened to them, yet they had gained insights through their journey, 'in some cases, exclusively through the making of art'.

But to what extent was the *recovery* discourse yet another potentially limiting, or even toxic, narrative? And did an art practice do anything to undermine this? Sagan (Ibid,

p.90), questions whether the recovery discourse measures itself against the metrics of failure through its re-categorizations of deficits as *strengths*. She concludes that this can only help a patient to make limited progress, whereas complementary art practice could exceed the *rhetoric* to enable connections, and a re-negotiation of identity through *wider social relations*.

Whittuck, a psychologist (in Baker 2010, p.216) speaks about the experience of co-creating an exhibition of drawings by her mentally ill mother, the artist Bobby Baker, for the Wellcome Trust, asking of herself:

WHY me? What right do I have as a daughter, to contribute to this most personal collection? The drawings are of course my mother's story, and they offer a window to eleven years of her life. But they also tell a story of us as a family (her, my father, my brother and me) and some of the events that significantly shaped our lives whilst she was unwell. What was once a largely private story has now been made public, and a number of dilemmas, fears and hopes have arisen in the telling of it.

Baker's book comprises five and half pages of her own writing, a single page of preface by Ken Arnold of the Wellcome Trust, an introduction of thirteen pages by novelist Marina Warner, three and a half pages of writing by her daughter - a psychologist Dora Whittuck, and two hundred pages featuring the artwork of Bobby Baker, which were taken by photographer Andrew Whittuck. Baker's (Ibid, p.214) lived-experience can be to a degree triangulated through this project to include, the richness of difference in her collaborators. Notably, after having spent four decades creating art, she still feels the need to vehemently ask, 'will people like me always be regarded with suspicion, our behaviour endlessly analysed and pathologised, because of unusual thoughts or behaviour, or a history of mental illness?' (Ibid).

When her collaborators go back to their own lives, might they have at the core of their lived-experience an insecurity so deep, in a compulsive reminder of the rejections that mental illness delivers every moment, with no time-off granted through success? Baker writes, 'and when, oh when, will the prejudice end?' (Ibid)

Whittuck might want to be unconditionally happy for her mother's artistic success, and advocacy for mental illness, but lived-experience *inside* her mother's lived-experience *is* the reality that accompanies all families, friends, and colleagues of

people with mental illness. She describes her perception of being involved in the project, 'It felt glamorous and exciting, but my excitement was tinged with doubt as to whether I should be feeling this way over the telling of terrible times' (Ibid, pp.217-218).

Warner (Ibid, pp.9-16), describes the wider context of Baker in relation to female artists and poets who lived with mental illness, such as Kahlo and Plath, and comments on the honesty and power of Baker's art; just as anyone asked to write an introduction might do. But it is Warner's final sentence that intersects with the reality of life *inside* that liminal-prison, 'They also tell of ties that held against unimaginable strain, and so give an extraordinary story of damage and repair' (Ibid, p.16).

2.6 Outsider Art: Then, Now, Tomorrow

Rhodes (2020, para.1) defined Outsider art as:

Outsider art, synonymous until the 1980s with art brut, any work of art produced by an untrained idiosyncratic artist who is typically unconnected to the conventional art world - not by choice but by circumstance. The "classic" figures of outsider art were socially or culturally marginal figures. They were usually undereducated; they almost invariably embraced unconventional views of the world, sometimes alien to the prevailing dominant culture; and many had been diagnosed as mentally ill. These people nevertheless produced - out of adversity and with no eye on fame or fortune - substantial high-quality artistic oeuvres.

To mark the 25th Outsider Art Fair in New York during January 2019, Edward Gómez, editor of Raw Vision Magazine, invited thirteen important art-dealers to discuss outsider art's developments, the market surrounding it, and asked them to predict its future. Andrew Edlin (2017, p.20) considered the biggest change to have been outsider art's, 'exponentially greater recognition by the art world and general public'. He attributes this to several factors; its gradual re-assignment from folk art to being contextualised within contemporary art; exhibited and collected by the most prestigious galleries and museums; with major auction houses paying attention to the increased importance of outsider artists (Ibid). Edlin identifies the key role played by the Internet and social media in publicising outsider art to a global audience. Today he sees, 'a new and energetic generation of scholars', and anticipates traditional

boundaries, ‘will continue to weaken’ (Ibid). The author expects the long-term aim for all fields of art to be, ‘evaluated along a spectrum of being interesting or uninteresting, rather than as *outsider* or *insider* art’ (Ibid).

Aarne Anton (2017, p.21) remembers twenty-five-years-worth of diversity in the artworks on show; the many artists who have since died; artworks that became iconic; and for him, the most exciting experience of being confronted with new discoveries each year. He believes twenty-five years to be a short time, and ponders that outsider art, ‘may still be in its infancy’, with no single unifying term to name this kind of art; believing it to be, ‘a good sign; it means that it is still giving off sparks’ (Ibid). Anton foresees that more institutions, ‘will catch up with what is happening at the grassroots level’, and develop their own exhibitions and related scholarship (Ibid).

John Ollman (2017, p.21) highlights the consequential changes for the self-taught artists themselves. He notes the result of becoming accepted within the global art world, as leading to, ‘the artificial boundary of *otherness* [that has long applied to such artists]’, as being much less important today than a decade ago, and enormously different to their lives of twenty-five years ago. Nonetheless, Ollman cautions that if we continue to stigmatize outsider artists, ‘discussion will continue to be problematic’; he contemplates his hopes for the future and the time when, ‘we will discuss all art as art, and all artists as artists’ (Ibid).

Henry Boxer (2017, p.22) talks of the gradual proliferation of outsider art events, venues, publications, scholarship, and journalism that collectively represent with integrity and accuracy the, ‘originality, creativity and power of the outsider artists themselves’. He sees the impact through a greater appreciation of the importance of outsider artists to history, and the art market. Boxer (Ibid) envisages that, ‘this reappraisal and interest will continue unabated’, and he imagines a future, ‘tired of the self-aggrandizement and egotism of the celebrity practitioners of gallery art’, and a tomorrow that begins to privilege the, ‘genuine art brut artist’, who has instinctive passion and a disregard for ‘personal glory’. He believes that for his artists, global fans of outsider art, and himself, ‘these are exciting times!’ (Ibid).

Eric Gilley (2017, p.22) points out that many big galleries and museums continue to add to their collections; remarking that in the recently renovated folk art and self-taught galleries of the Smithsonian American Art Museum, many renowned outsider artists already in their collection, had been exhibited in their very own dedicated space for the first time (Ibid). Gilley asks with optimism, 'who knows where the next big discovery will be made? That's what excites me about this field' (Ibid). Carl Hammer (2017, p.23) expresses his concern that, 'an overly enthusiastic, growing audience of collectors' might dilute the purity of Art Brut; cautioning that this can only be prevented through strict adherence to Dubuffet's definition of, 'being produced by people immune to artistic culture'.

Hammer (Ibid) criticises the increasing commodification in the field, and warns that, 'we could be headed in a somewhat troublesome direction', because too many artworks are being presented, which do not properly qualify as Art Brut. These works which have been, 'slowly and tacitly been accepted by the field, have corrupted it'; he regards it imperative that the art world responds by resisting, 'this watering-down tendency' (Ibid). Marion Harris observes that outsider art's increase in popularity, 'coincided with all boundaries for every art category becoming less rigid'; she ascribes this interest in outsider art as parallel to that in high-tech, 'underscoring a need for genuine, original, inspiring works of art', as a balance to the intellectual and clinical nature of conceptual art (Ibid).

Shari Cavin (2017, p.24) believes one of the most momentous changes to have been the internationalisation of the field. In 1985, the only artists were from the United States and Europe, whereas today artists are from all over the world, with their own dedicated collectors. She considers that for outsider art to be included in the canon of art, it has to stand up to the same standards of formal criticism. Cavin would welcome a break with the tradition of outsider art to use, 'biography-heavy promotion' (Ibid), but she appreciates the difficulties this could present to those who actually collect the artists' stories as much as their artworks. Cavin questions how we might use their biographies to, 'enrich our appreciation of their art' (Ibid). She has often seen in outsider art, 'an act of courage in the face of life's harshness', and an important moral message for the trained contemporary artist, 'to stay true to yourselves' (Ibid).

Randall Morris (2017, p.24) speaks of the insular nature when the field was categorised as twentieth-century American Folk Art, ‘despite the fact that the art was idiosyncratic, and did not emerge from traditions that had been handed down’; and that this parochialism led to ignorance of non-American examples (Ibid). He sees the major change as the inclusion of outsider art from the rest of the world; and the opportunity to, ‘build a collection that looks like no other, and we are grateful for that’ (Ibid). For Morris, the future will be international, with very different relationships between the market and *living* self-taught artists in the context of record prices for their predecessor’s art, as the field’s, ‘parameters are being thrown wide open in the excitement’ (Ibid, p.25). He observes that whilst outsider art can be contextualised within contemporary art, ‘it doesn’t play by its rules’, and although the practices of criticism and scholarship, ‘constantly try to chop the body to fit the bed’, Morris states that outsider art has its own purposes and practices, and that, ‘we can include it in the mainstream, but it doesn’t include us’ (Ibid).

Tom di Maria (2017, p.25) sees the biggest change as the transition from a niche of collectors, galleries with their outsider artists, *to* the mainstream where outsider art, ‘has greater relevance in the contemporary-art world and a more diverse collector base’ (Ibid). Citing that its artists are exhibited in, ‘very contemporary venues’, and shown in the main exhibition at the 2017 Venice Biennale, di Maria notes that the outsider artists were exhibited as equals to other contemporary artists, declaring, ‘this is ground-breaking’; he sees considerable value in the newer audiences of students and young collectors, who view outsider art, ‘as a vital part of today’s art scene’ (Ibid).

Frank Maresca (2017, p.26) attributes the change in the art world’s perception and reception of outsider art, to a number of pioneering exhibitions, related media coverage and scholarship; collectively, as having provided the context for a *crossover* between outsider art and mainstream contemporary art (Ibid). However, Maresca sees this changed-status to be of ambivalent value. He contrasts the outsider artist’s image that is romanticised, ‘iconoclastic and sexy’, with the reality where the outsider artists themselves are often, ‘working so far outside of society as we know it, that they often need to be in the company of caregivers’ (Ibid). Maresca believes that whilst it might be difficult for today’s artists to be isolated from mainstream culture, ‘there will always be gifted artists who are born with unique minds’, and through their mental

illnesses, ‘can legitimately be called outsiders and will always be out there to be discovered’ (Ibid). He is optimistic about a future that doesn’t differentiate between Henri Matisse, Gerhard Richter, Henry Darger, or Martin Ramirez; and where their works can be exhibited together, ‘provoking very interesting visual conversations’ (Ibid). Roger Ricco (2017, p.26) considers the key moment to have been when the most appropriate recognition for outsider art and its artists arrived, as their artworks became part of the collections in major American and international museums, ‘without regard for their specific genre category’ (Ibid). Seeing the biggest commercial development to have been when the, ‘high-profile auction world’, embraced outsider art in its search for new opportunities for sales and profit; Ricco recalls a conversation 30 years before with self-taught artist William Hawkins dreaming of a day when his work would be widely appreciated and, ‘those young kids will see my picture hanging and say, “Look at what that old man can do!”’ (Ibid, pp.26-27). Ricco believes outsider art’s impact on the art world to have been the equivalent to the Internet or the iPhone, ‘at first it didn’t exist at all, and then one day – boom! There it was!’ (Ibid, p.27).

Luise Ross (2017, p.27) believes outsider art to have justified all the critical thought and its position in the art world, and is a testament to the power and honesty of self-taught artists’ work; proclaiming that, ‘it is not just a flash in the pan – it’s here to stay’ (Ibid). Ross describes changes in outsider art due to the social impact of technology and the Internet; seeing it as much less likely for its artists to be isolated from the greater art world (Ibid). She notes that artists are claiming the title *outsider*; and that, ‘self-taught art has gained a reputation for innovation and sincerity’, both characteristics she considers in the mainstream art world, to have become, ‘diminished’ (Ibid). Art Brut and self-taught artists all over the world, under the umbrella of outsider art, must surely comprise the largest constituency of artists under any flag of any genre, including contemporary art. Simply because of their lack of professional success, and the status of *undiscovered*, these self-sufficient artists could conceivably become a prime lever in the unification of a global art, with a greater claim to authenticity and originality than either graffiti or tattoo.

The art market provides a social status and engagement that completely rebalances the lived-experience of people with mental illnesses, who are self-taught, or Art Brut artists; and for those who aren’t involved, it gives a *face* and *artworks* to an aspiration

achieved, and a boundary-line that has been pushed further and further, over the past four decades. Whether life-experience in the midst of a professional world, where some would exploit, disrespect, or pity, is seen as acceptable practice towards a person with mental illness or not, it is likely to reflect a fairly normal workplace. Lived-experience is a roundabout that will always have some others on it with you, whether you like it or not.

2.7 Relevant research studies into art, mental illness and recovery

Kennard (2014, p.296) differentiates the therapeutic-community model from other institutional approaches to psychiatric care, finding that all of its resources - staff, patients, and their relatives - are, 'self-consciously pooled in furthering treatment'. Kennard (Ibid, pp.85–86) further states that therapeutic community implies significant change in the status and identity of patients, noting that, 'once experienced, the capacity to work with people in this way becomes an inner bench- mark of the most humane and effective way of delivering mental health care'.

Diaz and Dayal (2008) discuss the contribution of the *sense of place* and psychosocial support following natural disasters, towards survivors' recovery and reconstruction, with the aim of supporting survivors' resilience through collaborative processes. They point out the highly sensitive nature of interaction within a psychosocial environment; and particularly within its power-dynamic, the survivors' need for acceptance, mutual respect and common purpose through being part of a community to avoid becoming isolated. Diaz and Dayal (Ibid, para.2) mark the importance of place in a survivor's transition from loss towards a model of re-construction, where, 'human competence is achieved', in physical space. The authors (Ibid, para.7) cite Tuan (1974), who characterised, 'the merger of personality with place, based on living in a location for an extended length of time', with the term *rootedness*, and they also cite (2008, para.7) Prohansky, Fabian and Kaminoff (1983), who defined *place identity* as, '...a relationship in which, through personal attachment to a geographically locatable place, a person acquires a sense of belonging and purpose in that place which gives meaning to life'. Diaz and Dayal (2008, para.8) conclude that, 'over time, survivors develop a unique perspective of what their *place* is'.

Vanderplasschen et al (2013, pp.1-2) discuss mental health, recovery and community, highlighting the *recovery movement* and its reaction to the biomedical model, countering it through foregrounding a client-centred approach. Instead of using the metric of physical behaviours and social abilities, the client-centred model explores the personal options and choices of the individual who is ill, based on that person's values, feelings, social needs and hopes; and in the process, it confers agency and a clear distinction between clinical and personal recoveries. Vanderplasschen et al (2013, p.1) find that *recovery* is a deeply personal transitional process, where changes in an individual's very being are variously accommodated and supported through finding that individual's, 'strengths and capacities, within satisfying, meaningful social roles'. The authors (Ibid) argue that, 'recovery cannot be defined as an outcome or state to attain but should rather be seen as a process and a satisfying way to live one's life'; observing that the recovery movement has impacted on the debate on mental health care in terms of social inclusion.

In their paper on Art and Recovery in Mental Health in Australia, Lloyd, Wong and Petchkovsky (2007, p.207) cite Deegan (2001), and relate that those with mental illness experience recovery to be a, 'subjective and individualised process', which in contrast to clinical definitions of recovery, is neither formulaic nor an outcome fully brought about through medicine; instead it is, 'the emergence of a new identity as a product of self-discovery'. They discovered that as their mental condition altered behavioural changes occurred, 'leading to a new life-style'. The authors (2007, p.212) report that art played a significant part in, 'piecing together a new identity for oneself', and that participants believed artistic creativity enabled a realisation that their mental condition was a manageable element. By controlling the symptoms, mental illness, 'did not overwhelm their personality' (Ibid). Participant C explained that:

I'm learning 'cos that is the only way I cope with life, to adapt to what is given to me right here and now, not what's gonna happen tomorrow, 'cos I can't afford to think in terms of past and future, because of the nature of the confusion that comes from it. So, I'm almost trying to live in the safety of the moment when I paint (Ibid, p.213).

In their findings, the authors (Ibid, p.208) cite Jacobson and Greenley (2001) and contend that where there is hope of recovery it is achievable through 'spirituality or other means, including participation in art'. The authors (2007, p.208) reveal that such

activities for people with mental illness engendered a sense of empowerment through choices and exerting control over the consequences in life, the development of social connections, feelings of belonging and making a contribution within a community. Mutually supportive relationships within a safe-environment proved central to establish a creative-space where there was the confidence, ‘to take risks and to be vulnerable in their journey of discovery’ (Ibid, p.213).

Over the past 100 years, as a result of wars millions of people have experienced mental illness and mental health problems. Their health needs increased demand for developments of treatments to be delivered on a mass scale. In 1942, the term and practice of *art therapy* arose through the perspective of recovery by British artist Adrian Hill, during his period of recovery from tuberculosis. Hill saw that war not only caused physical damage but also to *minds and hopes*. His utopian hope that the practice of art in *sickness and health* could turn society away from war by making artistic practice more appreciated, was not to be. That is not to say that art therapy and therapeutic art have not evolved and contributed significantly to health in society.

According to Cristales (2016, p.1) within post-war therapy strategies to combat PTSD, ‘for some veterans, creating art has already contributed to the healing process’. He writes of Jeremy Ramirez, a former battlefield medic who has been able to confront and deal with some of his own traumatic experiences of war, whilst also having the prospect of being in the company of other war-veterans. Ramirez believes this further contributes to a safe, non-judgmental environment where ex-soldiers can share their life experience. He knows the efficacy of process that has assisted his own recovery and ability to share painful memories, and he has witnessed this positive effect on others. Ramirez firmly believes that taking part in *Operation Art* would enhance each veteran’s capacity to face and deal with past traumatic events. He remembers one veteran speaking about a drawing of himself, ‘clothed as a superhero with a sword plunged into his back’ (Ibid). Can art therapy amongst today’s soldiers, be the seed of Hill’s utopian dream?

In Tomlinson et al’s (2018, p.3) systematic review into outcomes of the subjective wellbeing (SWB) through participation in the visual arts for adults of 15-64 years with diagnosed mental health conditions, they bemoan limited previous research, apart

from, ‘some insightful and influential interventions and exploratory studies’. Crediting, ‘Arts on Prescription’ and similar art projects as demonstrating the constructive impact of artistic creativity, Tomlinson et al (Ibid, p.41) focused their examination of SWB on the voices of participants, who indicated the significant value of, ‘social contact, intra-group bonding and support, improved confidence, achievement and accomplishment, an immersive distraction in art-making, and potential re-formation of identity for enhanced subjective wellbeing’. They report findings from other studies and the grey literature² that show the importance of *secure participation* (Ibid), and cite what Designs in Mind (2017) at Oswestry in England, designate as *membership*. In summary, Tomlinson et al (2018, p.42) outline significant claims in respect of participants improved (subjective) wellbeing, and report that participants and respondents experienced a:

reduction in felt and reported levels of depression and anxiety, an increase in self-respect, self-worth and self-esteem, re-engagement with the wider, everyday social world, and potential renegotiation of identity through practice-based forms of making or doing.

The authors (Ibid, pp.42-45) also noted that to attain efficacy projects should operate in a secure safe-space environment, ensuring a non-stigmatizing atmosphere that supports, ‘collaborative facilitation of programmes and sessions’ with empathetic teams of practitioners/researchers.

Ramon (2018, p.5) speaks of a new definition of recovery which, ‘straddles a complex path in following mainly a non-medicalised approach, without denying the place of medication within the range of mental health intervention’. She describes its objective as care and not cure, and its aim that a person with mental illness concentrates on, ‘leading a meaningful life with the illness and beyond it’ (Ibid), moving away from the restrictive identity of *biological citizenship*. According to the author, the social recovery dimension pays special attention to the place of social structure and its influence on the range of individual and collective choices available to *people in their recovery journey*; this as a consequence shapes their competence for self-governing,

² Grey literature includes a range of documents not controlled by commercial publishing organisations.

which in turn through active citizenship, ‘as a newly recovery-oriented objective, social recovery widens the scope of individual and collective governing’ (Ibid). Ramon (Ibid, pp.10-11) advocates acceptance of social recovery as fundamental to a new definition of mental health recovery and emphasises, ‘the need to look at it consistently alongside personal recovery’. In her critical commentary on *The Place of Social Recovery in Mental Health and Related Services*, based on the findings of fifty-nine studies from Canada, Israel, Spain, Sweden the UK and the US (published between 2000 and 2018), she attributes the relative neglect of this element in research as, ‘perhaps related to its multidimensional construction, the dominance of the biochemical approach to mental health, and the difficulty in changing social structural elements’ (Ibid).

In spite of increased awareness of the theory behind social recovery since 2000, and particularly that of social capital and recovery capital, the author attributes the scarcity of policy-making and inadequate funding to neo-liberal political values in the societies studied. She declares that this has resulted in too little community work in mental health and social care services which form, ‘a key barrier to attempting to foster social recovery in practice’ (Ibid).

Kelly et al (2015, pp.2-5), in a critical review of ninety-two research papers on Art Therapy observed that the profession, ‘suffers from a dearth of high quality evidence’, noting that due to its operation in small groups, or one-to-one, the insufficient sample-size presented difficulties for researchers. The authors of the research papers examined the problems in ascribing specific health benefits to patients from art therapy. Considering whether the benefit of art was as creative recreation through psychosocial factors, the authors questioned whether accrued health benefits were as a result of interaction with the therapy provider, with others present, the actual physical or neurological training, or even the learning of new practices and recognition of abilities. Kelly et al (Ibid, p.12) expressed disappointment in the studies’ lack of *research co-authors* from occupational therapy, rehabilitation or art therapy; commenting that when on occasion a therapist was described in the methods, he/she did not appear as a co-author. Such findings of gaps in evidence were in line with arts reports (Arts Council 2014). Acknowledging the problems in applying the standard medical evidence hierarchical systems, which classify research by study design, Kelly et al

(Ibid, p.17), recommend different perspectives such as, ‘realist synthesis’; this could examine what works for whom under which conditions. Other techniques, which are more inclusive, in a calibration of qualitative and quantitative research could provide objective and subjective materials, for managers and planners to understand a fuller picture of the needs and means to support healthcare (Ibid). The authors demonstrate the real-life difficulties of efficacy in action, and the tensions inherent to attempting proofs of cause and effect in art, mental illness and recovery.

Marlow and Johnstone (2017, p.84) claim, ascribe, distinguish, illuminate, and confer on Art considerable value and significance, stating that Art, ‘bridges the gap between mental illness as disease and mental illness as an integral part of the human experience, in a way that science cannot’. The authors consider Art’s contribution to be a personal source of creative power in people’s suffering, with the capacity to share the personal meaning of mental illness with others, to engage empathy and comprehension, in addition to its restorative process as art therapy. The authors (Ibid) cite Scope et al (2017), who indicate the consequences experienced by participants in art therapy as comprising, ‘improved relationships; gaining perspective; personal achievement and empowerment; relaxation; and crucially, an understanding of illness, self and future’. Believing that, ‘we seem to be on the cusp of a shift’, Marlow and Johnstone (2017, p.84) note that Art and Science are forming innovative collaborations to explore some of society’s biggest problems, including mental health. In this interdisciplinary climate, more academics and clinicians actively look for artists to collaborate with, not only to connect with the public but also to those in their own world of, ‘clinical populations, carers and policy makers’ (Ibid, p.85).

The authors (Ibid) describe how in the Maudsley hospital corridors are made available to installations of art created by patients, and that photo-documentation of these artistic projects, and that of participants working, took place. They highlight one particular collaborative-project involving the support group Voice Collective, a medical research fellow, a creative director, and a mental health campaigner, entitled - *How normal* do you think you are? The project simulated the audio hallucinations and paranoia of psychosis through providing audio-guides that were connected *live* to actors using CCTV, to observe the visitors viewing the art exhibition, which was part of the installation. The hidden-actors spoke through the audio-guide *live* to each visitor

urging them to, ‘touch the painting, no one is looking’ and to, ‘touch the woman next to you, smile at her’ (Ibid). The actors’ voices had re-created a sense of paranoia, as the visitors realised they were being watched and appeared to have voices *inside* their own heads. Interestingly, the authors of this study did not evaluate the ethical implications of the project. Through new developments in art and mental health, the authors (Ibid) foresee projects moving beyond art therapy and awareness raising. Commenting on social prescription and the growing recognition that arts and culture might be able to improve mental health outcomes, and provide measurable data, the authors noted that this work is taking place not only through third sector providers but is happening in the NHS itself. Ellen Rule, a Director at NHS Gloucestershire, is unequivocal on the accrued-advantages stating that:

This has challenged me down to my commissioning roots...but it inspired us to see things differently, lose the labels and see the potential of how arts and culture can break into a world where previously there might not have been any other solutions (Ibid).

The authors (Ibid, p.86) acknowledge previous findings of the methodological difficulties in measuring the efficacy of arts and culture programmes through inadequate design, and limited use of standardised, validated measuring tools in design and reporting.

Davies, Knuiman and Rosenberg (2016) conducted their research project, *The Art of Being Mentally Healthy: a study to quantify the relationship between recreational arts engagement and mental wellbeing in the general population*; specifically aimed to ascertain the numbers of hours per year the public spent on arts activity. They used the method of randomly sampling 702 adult participants in Western Australia, aged eighteen years and over, through a telephone survey. Were such a link between engagement in the arts and improvements in mental health to be demonstrated, the authors’ secondary objective was to quantify this relationship. At which point, they would consider the implications for arts-engagement to contribute to population-based health messages, strategies, policy and practices such as social prescribing and arts-on-prescription programmes (Ibid, 2). Their findings indicated that respondents with 100 or more hours per year had significantly better mental wellbeing than those with none; and that this level of activity could have the potential to enhance mental

wellbeing in the general population. Furthermore, the authors noted that the aspect of time spent immersed in creative activity could be an asset to improve mental health, and that it would allow for unique time-based mental health campaigns (Ibid, p.8).

Davies, Knuiman and Rosenberg (Ibid, p.7) cite Morrow-Howell et al (2003), who found that for older adults, volunteering in general, for two hours weekly could improve their mental wellbeing. Correspondingly, the authors (2016, p.7) report on Schnohr et al's (2005) statement on the impact of the dose-response relationship to psychosocial wellbeing of a minimum of two hours of physical activity per week. Davies, Knuiman and Rosenberg (2016, p.7) mention McCarthy's and Ondaatje's (2004) pronouncement on the emotional improvement achieved once individuals acquire certain degrees of knowledge and understanding of an art form, activity or event, as leading to beneficial health gains. Davies, Knuiman and Rosenberg (2016, p.2) used only those participants who had a phone number in the *Australian Electronic White Telephone Directory*, thereby accruing large numbers, a high response rate, and thus able to make detailed quantification of the data to strengthen their study. They noted the limitations of observational-study on their conceptual framework and research design, as impacting on their ability to claim causality. The authors recommend that future research on the relationship of arts and mental health should determine obstructions and facilitators to process, as well as the effects of art form, type, and form of engagement; in order to ascertain which components have the greatest bearing on mental wellbeing. As arts participation has also been associated with physical and social health benefits, the authors (Ibid, p.8) suggest more research is necessary to measure and probe the arts-social health and the arts-physical health relationship.

Gordon-Nesbitt (2015) reports the longitudinal relationship between engagement in the arts and health, through exploring UK and international databases. This resulted in the selection of fourteen studies that advocated for the benefits of arts activity towards health accrued across time. She used a qualitative approach to assess said studies and adopted direct email communication to their authors. Gordon-Nesbitt (Ibid, p.57), finds that several studies noted the *intrinsic value* of art in allowing individuals to immerse themselves, whilst coming to terms with their health condition, and to find their place in society. In addition, she remarks that art as a leisure activity has a

positive effect on one's physiology, resulting in a better quality of life (Ibid). Of particular note, were the studies from outside the UK; for example, in Sweden where one report indicated culture's role and its influence in changing wider public health objectives, when backed by government bodies (Ibid). The author criticises that instrumental change through arts in healthcare is too dependent on budgetary concerns, when assessing the distribution of *prescribing* or *proscribing* art to people (Ibid).

In the UK, Gordon-Nesbitt (Ibid, p.58) notes contrasting approaches and attitudes between the health sector and that of local authorities. The latter's reliance on interventional clinical outcomes contravenes evidence of the value in arts engagement outwith clinical settings (Ibid). In contrast to the general findings of the benefits of the relationship between art and health, Gordon-Nesbitt (Ibid, p.34) mentions the Department for Culture, Media and Sport (as cited in Fujiwara et al 2014) who find that, 'attendance at arts events has an effect on health, but participation in arts does not'; whilst claiming that taking part in art activity has a negative health impact, potentially due to a *reverse causality* because of the likelihood of more unhealthy persons engaging. Gordon-Nesbitt (2015, p.58) discusses the importance of arts organisations from a cultural perspective; highlighting the importance of quality in arts projects as *paramount* in the manifestation of health improvements in clients to re-focus attention away from obsessive attempts in quantitative measurement of cultural value. The author (Ibid, p.3) finds that Finland, Norway and Sweden have been seeking evidence of the long-term relationship between arts engagement and health over the past thirty years, whilst in the UK the Arts Council England bemoan the lack of evidence to support the benefits of art to health. The author (Ibid) considers the latter stance to be, 'incorrect and misleading'; which makes me wonder if this position infers that only home-grown UK research is valid? Gordon-Nesbitt (Ibid) observes that only in recent times has any attention been focused on the personal and social value of arts and culture to wellbeing; and further notes that this should stimulate criticism of the single-track obsession for evidence-based research for all funded policies in our society. The author (Ibid) is concerned that legions of managers seem qualified to allocate their budgets purely informed by quantitative surveys, statistics, and reports. She is concerned that little funding is left over for the arts project delivered by practitioners guided by *knowledge* and *intuition* (Ibid). There is a

longitudinal relationship between arts engagement and improved health, as it becomes a jointly beneficial life-experience; unfortunately, Gordon-Nesbitt's research is for shorter-term models of engagement.

McCabe's 2012 article reports the significance of *grassroots community arts groups in big society*, observing that there was limited research into their benefits to local economy and community; in spite of their prevalence with forty-nine thousand grassroots arts groups, operating with an estimated 9.4 million participants. These groups are categorised as the Third Sector, which contributes support services to NHS healthcare, such as art therapy initiatives. McCabe's (Ibid, paras.10-12) research findings on the benefits and influence of grassroots arts in communities reported on three levels of outcome: the value for individuals was a rise in self-esteem, better interpersonal skills, new relationships with others, reduction in isolation, and improved resilience during times of stress; the value for groups was the development and maintenance of identity through community, sustaining cultural heritage, involvement of different generations, and partaking of heritage with others; finally, the author reported art groups to have played an important role in sourcing and renting spaces within local communities and further afield. The author also found that the research additionally raised certain questions about community arts groups in the areas of group inclusivity, cross-cultural understanding, and the potential usefulness of attempting to use art in a more engaging way for participants. McCabe (Ibid, para. 14) concludes with the challenging remarks that:

...the time has come to take amateur arts seriously. They may well have a crucial role in helping communities to celebrate and survive in hard, as well as good, times.

van der Vaart's (2017) study into the benefits of arts-based community activities to resilience-building in the renowned artistic village of Pingjum in the Netherlands, explored and investigated the perspectives of participants in the community, using a participatory approach. This involved walking-interviews and creative workshops based on participants' photographs, culminating in a single-day exhibition. van der Vaart found that these methods offered a multi-layered insight, uncovering, 'people's real, lived-experiences and views, by going beyond rational-cognitive ways of knowing' (Ibid, p.102). The value of community arts-based activities was deemed to

have become a potentially powerful resource in generating resilience-building. van der Vaart (Ibid, pp.105-106) cites Brice and Fernández Arconada (2018, p.229) who state that ‘artists risk subjecting their practice to instrumentalisation through the implicit and explicit agendas of commissioning and funding bodies’. van der Vaart (2017, p.36) cites Carey and Sutton (2004) who find that community enhancement through such projects only succeed when they are sustainable; recommending that a longitudinal process is required for the development of a strong community spirit. To that end, van der Vaart (2017, p.109) is uncertain of the extent to which her project impacted upon Pingjum’s community with regard to the quality of their resilience.

The author used informal means in her attempt to bring potential participants into the fold, such as posters, flyers, a blog, and a public presentation to the group. Out of six hundred villagers, the author only managed to attract twenty-eight participants, from which group the number dwindled to just nine for the exhibition stage of the project. The shortness of time-span for activities disappointed participants. van der Vaart incorporated interaction with direct reference to participants’ lived-experience, including their anxiety surrounding the potential location of a wind farm nearby, and to include their diverse opinions and perspectives. Some villagers were critical of their community solely being acknowledged for its artistic reputation, when only a very small number of artists actually lived there. The study valued participants’ understanding of their village through the telling of meaningful and personal stories of place. Interestingly, the project did not explore participants’ mental wellbeing and its connection to resilience, as a measurable factor. The potential impact of this crucial factor on participation in the project was neglected; perhaps this was particularly unexpected, given that her research was about community and change, looking at real stories that evolved over time.

Parr’s (2005) research into Mental Health and Social Inclusion investigated the relationship between community arts activities and people with severe and enduring mental health problems. The author concentrated on innovative community arts programmes at Art Angel in Dundee and Project Ability in Glasgow, with the remit to explore how people with mental health problems experienced psychological and social stability through participating in art studio spaces. Using evidence from narrated experiences within semi-structured interviews, Parr established the participants’

feelings about art in respect to their mental health; identified key outcomes of artwork for participants; described how social inclusion and social stability were improved through working in an art studio space; and considered which future-changes might benefit the projects and their participants.

Parr (Ibid, p.4) finds that people with mental illness participating in art activity reported a number of benefits. For example, it improved their self-esteem, and fostered a better understanding of self. Participants experienced a sense of stability through art-process and when working next to others. Communication skills were developed, and the ability to cope with challenge was strengthened. The author also finds that art activity facilitated, 'self-directed therapeutic processes' and has a, 'positive ripple effect' on participants' friends and families (Ibid). Parr further reports, that when taking part in arts projects, participants experienced structure and consistent routine, accruing social and emotional capital. Engagement enabled artistic development, progression across different art-making activities, and art skills to have developed incrementally; leading to further tuition and formal learning opportunities (Ibid). It was also evident that both Art Angel and Project Ability had cross-community value, as participants had opportunities to travel, take part in the research for, and planning of art-projects; and to have their art exhibited in different cultural venues (Ibid, p.5).

Parr also reported participants' self-identification with Art Angel and Project Ability respectively, through feelings of belonging-to-place. Cross-community networking developed through visiting venues and other organisations (Ibid). Art-project participants' opinions and feelings were taken into account, resulting in the inclination to aspire to roles in the community and further art-projects. In some cases, they found art-related employment, or accessed further education, or vocational training. Participants put their newfound responsibility to use by assisting in organisational roles, to shift away from past realities of isolation, and adopt a new *artistic* agenda (Ibid).

Parr (Ibid, p.26) in reference to (Parr, 2000; Philo, Parr & Burns, 2005) contrasts regular day-care provision in mental health community provision with its equivalent in art-project spaces, finding the latter to supersede the former. Project Ability and Art

Angel exemplified this, through far-reaching holistic opportunities to peer-bond, discuss art, develop friendships, experience reciprocity, establish themselves and engage in the process towards exhibiting their creativity. Participants regarded these experiences to be positive, and to increase self-esteem and feelings of wellbeing; in spite of initial feelings of anxiety, low confidence and lack of trust. Parr (2005, p.27) finds Art Angel participants to demonstrate a spirit of, ‘collective artistic endeavour’. She considers this a stimulus to peer bonding, networking socially, and combating the isolation of mental illness; to enable a sense of purpose, and feelings of belonging, within Art Angel’s practice of mutual care. Even those attending intermittently felt a benefit when returning to a familiar social environment.

Art Angel’s participants described a caring-togetherness and unity of support, *and* a family-like presence; whilst those in Project Ability’s studio environment, described the art-process as developing their individuality, with some enjoying a sense of community with the other artists in that environment. Parr (Ibid, p.48) concludes by stating that, ‘There are profound challenges for mental health and arts projects in terms of their management, sustainable income and planning for the future’. She finds that both Art Angel and Project Ability, according to their participants, enabled important social and artistic developmental benefits, cross-cultural links, and social inclusion (Ibid).

Van Lith et al’s (2009) study into the ways in which art-making contributes to recovery from mental illness, used qualitative, phenomenological interview with three professional art facilitators. The study found that research participants’, ‘experiential knowledge and practice wisdom’ (Ibid, p.1) was connected to the scope in the value of art activities within their recovery programmes. In addition, the authors determine that key skills were necessary to successfully deliver such programmes, and that facilitators who have a useful working-knowledge of their clients’ recovery journey and individual needs, and who are able to perceive of their role as more of a vocation than a job, could work successfully in the profession for longer (Ibid, pp.1, 9). The authors outline that their use of the term *art facilitator* was an all-encompassing title to include artist, teacher, community artist, art therapist and psychosocial worker; some of whom, they acknowledged to have dual-identities in their roles (Ibid, p.2).

The authors collaborated on a further study in 2011, into mentally ill people, who used art-making within their recovery processes, focusing on the Prahran Mission and Mind Australia, two of the largest psychosocial rehabilitation centres in Victoria. Both centres provided arts-based programmes, with particular emphasis on visual arts to assist participants to better understand, and cope with, their conditions. The aim of their programmes was that participants develop positive relationships and creativity skills, in order to facilitate independent lifestyles within the safety structures of residential and day-care environments. Participants (Ibid, p.652) described their experience of art activity as transformative, and to have caused them to feel stronger, more confident, and able to be active in the journey of recovery. They also considered that their art played a valuable role in support of recovery. The authors believe that future research could describe the significance of non-clinical approaches to recovery process. They ask that services bring participants' voices to the fore, to uncover hitherto uncanvassed views as to how future programmes can more adequately support mental health recovery (Ibid, p.659).

Jensen (2018) conducted research into mental health recovery and engagement in the arts, specifically looking at the benefits of museum visits and related arts activities for mental health service users. The author utilised the method of semi-structured interviews with seventeen participants who had mental illness, and additionally enabled participants to engage in guided-tours in the museums, and in creative workshops. Jensen framed her approach through the prism of sociology and institutional logics (Ibid, p.157). The author found that participants readily acknowledged and appreciated the significant role that arts and culture had in their lives; and that this in turn validated a sense of participation in their own recovery, through interaction with the arts (Ibid, p.161). The author observed that participants encountered difficulty and problems, when communicating with museum educators, and that this in turn led to negative feelings about the experience (Ibid). Despite this, Jensen discovered that the arts enabled a person-centred perspective to bring into realisation a recognition of individual value, and feelings of purpose *and* meaning in the participants' lives, as something they found very important (Ibid). Jensen notes that to foreground participants' personality *over* others' anticipation of those participants' condition-related behaviours, engendered wellness and strength in the participants (Ibid), saying that:

A way towards empowerment is the removal of formal or informal barriers and the transformation of power relations between individuals, communities, services and governments that are rooted in institutional logics. Empowerment is a multidimensional social process through which individuals and groups gain better understanding and control over their lives.

Jensen finds that the recovery-approach offers new conventions, valuable to the relationship between service user and service provider; and that when the former is placed at the core, mutually respectful, co-designed partnerships can evolve (Ibid, p.163). Another important finding, suggested that to diversify their demographic profile, cultural institutions must become responsive to the needs of diversity through planning, re-structuring, and support (Ibid, p.164). This in turn, Jensen says will create collaborations within a framework of health and the arts, which are interdisciplinary with a prerequisite that all professionals involved, comprehend the process of recovery, and display basic respect towards the mental health of their visitors (Ibid).

Griffith and Bauer-Leffler (2018, p.42) point out that although the, ‘recovery-oriented approach’ invites joint-choices between patient and provider, an impediment to patients’ participation in their own treatment process is, ‘the lack of meaningful communication with providers’. The authors (Ibid) cite Bee et al (2015), who consider that since patients and providers perceive recovery differently, in that, ‘patients might focus on the therapeutic relationship, whereas providers focus on the process and outcomes’, they believe that consultations with patients should be less formal, more creative and versatile. Stating that expressive arts therapies have traditionally contributed personalised care that, ‘empowers patients to drive their own treatment through skill building and self-expression’, Griffith and Bauer-Leffler (2018, p.42) designed and implemented the Healthy Mind Messages project in Oregon State Hospital. The project was in the form of an art installation, comprising a large-scale wall hanging of 100 cardboard tubes, collaboratively constructed by staff and patients. Collected in the tubes were responses to the stimulus of an incomplete statement beginning, *A healthy mind is...* Patients and staff were invited to contribute responses voluntarily and anonymously, with the stated artistic aim of increasing public awareness of patients’ perspectives, and to reduce stigma surrounding mental illness. The research focus of the project was to discover the most popular themes of mental health recovery, as identified by patients and providers, and to, ‘translate their

definitions into directives for patient-centred treatment’ at the hospital and other psychiatric facilities (Ibid, p.44). Results based on the eighty-five responses placed into the installation of tubes, showed a high level of participation, which was considered attributable to the accessibility and interactivity of the installation itself being informally co-created by the participants. Thematic analysis of respondents’ definitions illustrated six repeated themes: *introspection*, *physicality*, *cognition*, *socialization*, *openness*, and *calm*. The project combined both art collaboration and qualitative research embodied within the process and the art installation, on the subject of the personal meanings of recovery of contributors’, as prompted by the stimulus *A healthy mind is...*

The authors (Ibid, p.47), citing Bee et al (2015, p.107) highlight the significance to future practice of involving patients to a greater degree within, ‘informal, creative and flexible consultations’. Griffith and Bauer-Leffler (2018, p.47) find that regardless of participants’ level of verbal ability or artistic skill, collaborative art projects can be designed to enable self-expression *and* to encourage the meaningful integrative-interaction, vital to participatory decision-making for stakeholders in *recovery-oriented approaches*. The authors determine that results deliver perceptions of recovery, stimulated by art-making which could be, ‘integrated into therapeutic goals’ (Ibid, p.42).

Seikkula (2011, pp.179-184), a dialogical therapist, reports an interest in developing a family-centred approach for the most severe mental health issues to question the practices of evidence-based medicine, where therapists are expected to choose the *one* appropriate method after an accurate diagnosis. Instead, he prefers to work in, ‘an integrated team...tolerating uncertainty and generating a process for the new conversational community to *live* and talk together’ (Ibid, p.184), where both therapists and clients inhabit an experience of mutuality, one which materialises before the client’s experiences are formulated into words. The author (Ibid, p.191) cites Bakhtin (1984, p.293) where, ‘authentic human life is the open-ended dialogue’.

Kester (2013, p.79) promotes a dialogical aesthetic that demands that:

...we strive to acknowledge the specific identity of our interlocutors and conceive of them not simply as subjects on whose behalf we might act but as co-participants in the transformation of both self and society.

In respect of mutuality and the co-operative involvement of patients in a therapeutic health setting, I cite Besonen's (2015, para.1) article, in which she writes of The Living Museum in the meandering grounds of the Creedmoor Psychiatric Centre; describing it as a, 'home to an unbridled collection of contemporary art'. In 1983, Polish artist Bolek Greczynski and Hungarian psychologist/artist Doctor Janos Marton founded The Living Museum. During the 1960s, Marton's family received political asylum in Austria, where he studied psychology and became familiar with the artwork of the psychiatric patients of Doctor Leo Navratil in Gugging. Marton then moved to the United States of America, completed his MA in Fine Art at Columbia University, and started work as a psychologist at Creedmoor Psychiatric Hospital. He invited Greczynski, known for his political art and experimental theatre, to join him in the creation of a project inspired by both Gugging *and* Art Brut. Transforming an abandoned building in the hospital grounds into a conceptual space as a refuge for Art Brut, Marton and Greczynski worked in collaboration with self-taught artists, who were mentally ill. They worked within a process, conceived by Marton to be a, 'conceptual performance piece that takes place in the formless and fleeting sphere of trust in the patients, the prejudice of the spectators, and the actual experience of the artists in the space' (as cited on the Dr Guislain Award, 2015 webpage).

Besonen (2015, para 2) describes The Living Museum as, 'a beehive of beautiful, sometimes unfiltered minds....and nurtures scores of mostly outpatient artists who can be hard to distinguish from the counselors (sic) who work with them'. She continues that the mood is relaxed and 'feels nothing like a locked psychiatric ward', and that people who wish to visit can do so by appointment (Ibid, para.3). The artists can sell their work but are under no pressure to do so. The author mentions art counsellor Christine Nicholas, who recalls that, 'Dr. Marton likes to say this is a vocational rehab place...where people re-identify themselves from a crazy mental patient to a crazy artist' (Ibid, para. 9). Since 1983, The Living Museum has cultivated a place of artistic expression for people with mental illness, who are encouraged to transform their health through creativity within a thriving artistic community, sited within a psychiatric-care setting.

Wexler and Derby (2015, p.127) re-enfranchise disability in reclaiming *disabled-ness* through their use of the label *disabled*, for the sake of entitlement and advocacy of a socio-cultural issue. As such, the authors employed a *disability* lens to study the ways in which artworks by mentally disabled people were connected within a common *socio-political experience*. They examined the history surrounding institutional art and the arrival of the community art centre, at the time of the passage from institutional psychiatric-care to care-in-the-community in the late 20th century. They illuminated the meaningful coincidence that art centres could offer the arts as a means of communication, as well as assisting disabled people to make, ‘smooth transitions into their communities’ (Ibid). The authors propose that the inventive communication techniques developed when working in these art centres, could be implemented, ‘within all art programs and inclusive classrooms’ (Ibid) that provide for severely disabled students, especially those with communication difficulties. According to the authors, since the deinstitutionalisation-process, through which disabled people were integrated into society, a wide range of non-conventional research had delivered greater apperception of the needs of disabled people; yet, ‘One example that remains unexamined in our field is art centers for people with disabilities, several of which have produced established artists’ (Ibid, p.128).

The article (Ibid) identifies the House of Artists in Austria; the Creative Growth Art Center (CGAC) in Oakland, California; and the Grass Roots Art and Community Effort (GRACE) in Hardwick, Vermont - as three examples of art centres, which emphasise non-traditional teaching methods that enable artists to develop ‘their own iconography with minimal restriction’. The authors (Ibid) cite Wexler (2012a) commenting that:

What has emerged are the artists’ own narratives and self-representations, bringing art and education closer to eroding the boundaries between normality and disability as these terms are defined by Western cultural standards.

Wexler and Derby attest that such arts centres offer an alternative to the, ‘unexamined expectations and assumptions of the medical model of disability that drive special education practices’ (Ibid); in the evolution of institutional art, originally used in diagnosis of patients’ mental conditions, metamorphosing into an, ‘affinity for the artists’ unique ideas, experiences, and aesthetics’. In particular, the authors (Ibid,

p.131) cite the early example of the House of Artists in Austria, which Johann Feilacher restructured in 1986 from Leo Navratil's '1954 Gugging programme' established on the tenets of Hans Prinzhorn. Wexler and Derby (Ibid, citing Navratil, 1994, p.210) note that the House of Artists has been disconnected from the general psychiatric ward and its restrictive regime, and is not concerned with 'preparing patients to re-enter society... but rather offering patients a new social identity'. The authors (citing Maclagan, 2009) observe that since Feilacher had become Director in 1986, the Residents in Gugging have been esteemed principally as artists, and not as mentally ill patients; and the merit of their artwork has been fore-grounded, whilst mental illness has been considered to be private. The family model of care and personal freedom, has supported residents, like the internationally respected Johann Hauser, to achieve success without him being tied to his medical history (Wexler & Derby, 2015, p.131).

Comparing the evidence cited above, which has explored the developments in recognising the importance of art in treating mental health that is taking place in many countries; it is interesting to note that in the Scottish Government's *Mental Health Strategy: 2017-2027* document there is not a single mention of the word *Art*, and there is only one mention of the word *Creative* and that is related to working methods. In contrast, the Westminster All-Party Parliamentary Group on Arts, Health and Wellbeing produced an inquiry report entitled *Creative Health: The Arts for health and Wellbeing in 2017*, which includes mention of these two words and other related terminology throughout the report. Its recommendations are remarkable in their ambition and desire for a national strategic centre be constructed by leaders from the arts, the health and social care sector alongside their service users and academics. Such a centre would promote good practice, collaboration and aid in the advertising of research that could advise policy (Ibid, p.154).

The report requests support from philanthropist funding, and advises that various Secretaries of State, and local government, should be aligned in a cross-governmental approach to help distribute health and wellbeing across the arts and culture. The study further suggests the promotion of an individual from the public health sector in England to take responsibility for the arts, health and wellbeing at the policy level (Ibid). Also, it states that at local and regional level the public health sector needs to

connect and collaborate with arts and cultural organisations; with Arts Council England supporting such organisations to facilitate the integration of health and wellbeing outcomes, and that it itself prioritises these issues for its 2020-2030 decade-long strategy (Ibid, p.155). Subsequently, it recommends that NHS England and the Social Prescribing Network both help to assist commissioning from clinical groups, local authorities and NHS provider trusts to implement arts-on-prescription into their care strategies. Furthermore, the report states that patient representative organisations should work with arts and cultural services, to collaborate with patients in the promotion of the benefits of arts engagement in health and social care to professionals in the fields, of health and social care, *and* to the public. The report declares that clinicians and other health professionals should be educated in the evidence of using arts for improving wellbeing; and that art educational institutions need to incorporate teaching modules on the relationship between arts and health (Ibid, pp.155-156). Research councils, as well as other researcher funding organisations, are advised to contemplate an interdisciplinary initiative for utilising their resources in progressing research into evidencing the association of arts and health. Finally, the report advocates the examination of such evidence through National Institute for Health and Care Excellence created guidelines (Ibid, p.156). These recommendations illustrate an enlightened approach to engagement with the arts; to advocate health and wellbeing benefits, and a very welcome approach that other countries, including Scotland, could learn much from.

Wexler and Derby (2015, p.137) argue that the highly creative artistic language of the outsider artists Johann Hauser, Judith Scott and Larry Bissonnette should broaden our understanding of the accepted field of acknowledged communication, beyond the traditions of text and vocalisation. The authors state that behaviours of disabled people can inadvertently appear alienating to others and difficult to understand, in spite of their art's ability to articulate sensitive feelings and ideas about connecting to others socially (Ibid). Wexler and Derby speak of previous research practices' proclivity for labelling, and thus minimising the impact of new research from the perspective of disabled people, activists, support professionals, acquaintances and family members. The authors (Ibid, pp.137-138) cite Crossley (1997, p.164) criticising the protectionism of experts in disability-related studies, and those experts' tendency to situate their worldview, ignoring disabled peoples' contribution to society and their

ability to live independent lives. Wexler and Derby (2015, p.138) recommend integrating the communicative and linguistic techniques for impaired artists, that were innovated and developed by art centres, such as the House of Artists, The Community Growth Art Centre (CGAC), and the Grass Roots Art and Community Effort (GRACE) for use in all art programmes and inclusive classrooms. They cite these examples due to their efficacy in realising the value of artists with disabilities, and for their use of artistic communication within their respective communities, situated away from the outsider stereotyping of mainstream educational provision for the disabled (Ibid).

The authors outline that successful art centres react to discriminatory attitudes and behaviours through their educational methodology. They exemplify CGAC's ethos that transforms perspectives of previously *ableist* medical and teaching professionals through creating a mutualistic, friendly environment that changed their attitudes through social interaction (Ibid). Wexler and Derby criticise traditional American public-school curricula, which separate mainstream and special education, to present a social climate of physical and mental inaccessibility. Usage of categories of, '*special needs* and *special education* set up barriers to a shared education and socialization between children with disabilities and their nondisabled peers' (Derby, 2011 as cited by Wexler and Derby, 2015, p.138). According to the authors, it is due to the use of words such as *special* that *disability* is denied (disability - a word which encompasses strengths and weaknesses of a significant minority) its position, relative to *ability* on the same continuum. This, in turn disadvantages disabled students from appreciating their identity of difference in socio-cultural locations.

In contrast, Wexler and Derby (Ibid) assert the efficacy of the House of Artists, CGAC, and GRACE to facilitate the means for disabled learners to establish and reinforce individual and communal understanding of how experience contributes to realising identities. The authors urge art educators to take responsibility for engendering disabled learners' artistic identities through their art practice. They refer to the significant difference between special art education methodology and that of art centres; noting the latter's understanding of the value of the artworks in themselves as art, rather than the former as a tool for diagnosis or standardisation (Ibid). The authors conclude that art centres situate artworks as meaningful to its audience's education,

promoting value and the importance of stimulating experiences and ideas. They support this through citing the open-studio in the House of Artists as an example of direct social interaction between audience and disabled artist. In addition to setting up collaboration between disabled artists with professionals to create written statements, revealing the meaning of their artworks for discursive interpretation. Wexler and Derby (Ibid) advocate understanding of disabled realities by audiences, through this sharing platform that fosters insights of experiences and inner realities, which are applicable to both disabled and non-disabled individuals.

Hall and Metcalf (1994, p.245) speak about the intuitive *artist outsiders* emerging from their excluded existence by paradoxical means, due to their *insider* experience of institutionalisation. The authors (Ibid) describe Dubuffet's inclusion of such, 'mediums and compulsive visionaries' within Art Brut, resulting in an explorative platform for these individuals to share their creations. The authors point to this moment as the unlikely origin of Outsider Art, observing that the, 'wonderful and uniquely personal view of the world the outsiders have presented, has continued unabated' (Ibid). Griffin (2018, p.10) in the Financial Times, writes of curator Lynne Cooke having been inspired by Gladwell's (2008) substitution of the category *outsider* by the term *outlier*. Cooke believes that it has the positive connotation of a, 'position still open to negotiation' (in Griffin, 2018, p.10). She problematises the distinction between work by an artist with academic training and a self-taught artist, saying that:

If we can't see a difference without someone saying that this artist has credentials and this one doesn't, then maybe the classification isn't tenable and the segregation, the ghettoising, doesn't pertain (Ibid).

Cooke believes that it's in a museum's evolving permanent collection that curators can narrate different perspectives, saying that, 'no one is an *outlier* in every dimension of their work and thought. We all have multiple subjectivities' (Ibid).

Sagan (2016, p.145) claims that there is an:

...indefatigable resilience amongst survivors of mental ill health, and that we have much to learn from them, as we face the ontological insecurities and gaping voids in belief, that are the very anatomy of the 21st century.

2.8 Relevant research studies and literature related to Gugging

With respect to Feilacher's Gugging project there are two studies, which have investigated the operation of the House of Artists in Gugging. These are discussed in this section, along with other published materials that pertain to Gugging's history and process.

Artist and cultural anthropologist Alexandra Schüssler, levelled serious criticism at the ethical operation of Gugging in her 2006 thesis, *Madness on Paper and Canvas: Sublimation and Exploitation in the House of Artists in Gugging*. Schüssler resided in the grounds of the East Lower Austrian Psychiatric Clinic Klosterneuburg-Gugging, and whilst living in her small office-apartment over a number of months, she gained insight into the working conditions and daily routines of the nearby House of Artists. She developed social relations with Residents, nursing staff, management, and interacted with visitors. Using semi-structured interviews with nursing staff, gallery employees and management, she collected opinions on the artists of Gugging. Additional information was acquired through informal conversations during her temporary work in the House of Artists, and its gallery, where she assisted in selling the artworks of the Residents. Schüssler was present during the overall process, from Residents creating artworks to their art in its final public presentation. Schüssler's research highlighted criticism of Gugging on a number of counts.

She claims to have observed Gugging staff interference in the process and outcome of Residents' art. Schüssler (2006, p.334) comments on the lack of Residents' autonomy in making decisions about which artworks were to be placed into the public domain through Galerie Gugging, the purchase price, and to whom the works were sold. She alleges the artworks to have been, 'actually designed by Feilacher and his staff' (Ibid). Schüssler contrasts the writings on Gugging by Doctor Navratil with those by Feilacher and Katschnig, the Galerie Gugging Director, and she criticises their textual representations of Residents in monographs, which lacked artistic and medical interpretation and commentary; and she chides their efforts to contextualise Residents' art in the wider history of Outsider art (Ibid, pp.315-318). Her scathing account also targets the nature of the Residents' biographical information, appearing to pine for the era of Navratil's psychiatric discourse, which provided detailed analysis and overview

into the private psychological histories of Residents, and their connection to Residents' art (Ibid). Schüssler accuses Feilacher of committing, 'father murder' against Navratil in 1986, and that his own theory was created out of the, 'shadow of psychiatry' (Ibid, p.256). To her eyes, Feilacher attempts to position himself as a, 'breeding expert for Art Brut artists', using his simplistic descriptions of the Residents' art rather than employing Navratil's psychiatric insight, and its connection to the relevant literature. She remarks that Feilacher's supposed talent is the, 'power to exclude' (Ibid, pp.156-157).

Schüssler makes the accusation that none of the Residents, apart from August Walla, would create art if not *told to do so*; asserting that on completing a watercolour at Katschnig's request, Johann Korec was, 'glad to have finally fulfilled his duty' (Ibid, pp.83-84). She further declares that:

The ambition to transform "the doodles of the mentally ill" into "high art" becomes the driving force for many psychiatrists and art therapists...Johann Feilacher is a good example of this (Ibid, p.136).

Schüssler (Ibid, pp.285-287) finds that Gugging is guilty of consciously reflecting a false image, or a projection of the Residents *as* artists, where they are dressed in a bohemian fashion, hair kept short to give them a cover-identity, in order to reduce their stereotypical appearance as *wild lunatics*. She goes into great detail about the Residents' appearance, comparing their style as akin to students from the Academy of Applied Arts in Vienna; describing their preference for eye-catching combinations of colour and pattern, in cheap ill-fitting:

holey clothes and two sizes too small, sweater matted with sleeves too short, pants crumpled, waistband too wide, jackets torn and too small, shoes forty years old, mainly grass green or silvery (Ibid, p.285).

Belabouring the fact that the Residents clothes appear trendily second hand, or from the Salvation Army, Schüssler remarks that, 'it's hard to get bohemian style by ordering from the mail order catalog (sic)' (Ibid). She perceives the Residents to be dressed as artist-puppets, 'despite (the) massive presence of pain, suffering, sadness and loneliness' (Ibid, p.292). Schüssler's holds that Feilacher and his staff, 'cover-up and camouflage' the Residents to ensure their pain and torment are pushed into the

background, so their *artistic-guise* is at forefront (Ibid). She compares the Gugging Artists to a boy band, 'Backstreet Boys or Take That' and the special skills, that separated them from others in society; raising the question – 'what distinguishes the artists from other psychiatric patients? – talent and skill, or just luck?' (Ibid, p.293). Schüssler finds disparity in the historical photos of the Residents outside their home of the House of Artists, stating that the aesthetically vibrant, colourful background of *the House* contrasts with the Residents' facial expressions; proclaiming, 'these faces are anything but cheerful. These men have medication, suffering and sadness drawn. But the management of the artist colony excludes this detail consistently' (Ibid, pp.276-277). Schüssler reports on the stark reality for the Residents, who effectively spend the rest of their lives in the House of Artists, bluntly saying that, 'the remaining artists from Gugging are in the House of Artists to die...(they) don't get in here to be sent out again as an artist' (Ibid, p.351).

She (Ibid, p.340) finds disparity between the Residents' income from the selling of artworks in comparison to the pocket-money they receive each day, for cigarettes, chocolate, and cola. Furthermore, she finds that inducements and rewards were given to Residents to encourage them to create their art. Schüssler as cited in Kooke's article (2006, para. 8), observes the artistic process of one of the Residents:

I saw a nurse push a yellow pencil into an artist's hand and say, "Well, today we have to draw another yellow bicycle, it's selling well." When he didn't want to, she took a chocolate in a nice piece of paper and held it in front of him. She said, "If you draw a yellow bicycle, you get this bonbon. No drawing, no chocolate." That has little to do with free art. The Haus der Künstler had become a factory. Every piece of paper had to be drawn on. Everything was sold.

Schüssler's (2006, pp.311-313) findings strike at the heart of Gugging's categorisation of its Residents' works as Art Brut. She posits that the classic definition by Jean Dubuffet is, 'fundamentally different' to Feilacher's own understanding and promotion of the Residents as Art Brut (Ibid). Her findings deny the self-taught status of the Residents to report that they had gone through, 'rigorous art training with their psychiatrist for decades'; stating that this *training* consists of copying templates on a variety of subjects. She compares it to a, 'comprehensive, classic teaching program' that few art academies provide (Ibid). Schüssler (Ibid pp.342-345) considers that Galerie Gugging events, such as exhibitions openings, place the Residents under stress

and to be positioned, ‘on the stage as figurines’ (Ibid, 342), for collectors and buyers. Schüssler argues that the Residents are, ‘smuggled in’ and that their, ‘deviation’ is evident amongst, ‘sophisticated company’, and she asserts that Residents have, ‘no connection to the overly talkative vernissage audience’ (Ibid, p.344). Schüssler further declares that Residents are made into artists as the, ‘raison d’Être’ to serve Gugging as a result of their inability to, ‘take responsibility for themselves’ (Ibid, p.351).

According to Schüssler, Hannah Rieger a collector of Gugging Art says that, ‘Feilacher is certainly incredibly talented yes, and I personally think he’s an absolute marketing genius’ (Ibid, pp.253-254). Schüssler sees in Feilacher’s Gugging an agenda where, ‘the importance was to distance the products from their *insane* producers...(where) process evokes associations with the industrial manufacture of product’ (Ibid, pp.259-260). She cites Elisabeth Berger a collector of Gugging Art, who disagrees with Feilacher’s stance on the popularity of Gugging Art as art, irrespective of the status of its creator’s mental health condition, she is convinced that the art is, ‘very condition-based and that is precisely the attraction of it’ (Ibid, p.203).

Schüssler’s findings and observations make her question who ultimately benefits from the success of Gugging, commenting:

For whom has it become a success? Patients’ situation is not getting any better, even though they receive a large part of the proceeds into their account. Whoever benefits from it is director Feilacher, who has become an art manager instead of a psychiatrist. He enjoys national fame, which supports his career as a sculptor. The layout also benefits. This summer, a museum was opened with money from the province next to the Haus der Künstler. The gallery does good business with the percentage that it earns from the selling price (Kooke, 2006, para. 14).

Art therapist and writer David Maclagan (2009) shares some common ground with aspects of Schüssler’s criticisms of Gugging’s operation and its overall ethos, in his book, *Outsider Art: From the Margins to the Marketplace*. He speaks of Gugging as a place in which art that *used to be known* as psychotic art, ‘is protected and even encouraged’ (Ibid, p.96). Maclagan finds that Gugging is an example of the, ‘inevitable consequence of the accelerating commercialization’ of Art Brut as a field (Ibid, p.20). He draws a parallel with how the responsibility has moved from individuals representing their art, to that of institutional bodies who have the power to decide a

standardisation of quality; something he problematises because work promoted this way can be of, ‘dubious value’ (Ibid). MacLagan writes that since 1970 Gugging Art has gained increased exposure to the art market, selling for high prices, connecting to Navratil’s belief that the resultant success from sales boosted his patients’ self-esteem, forming a kind of art therapy (Ibid, p.97).

MacLagan (Ibid, pp.98-100) questions Feilacher’s assertion that the Residents’ mental illness should be separate from their art, in that the artistic quality is the same, as any other kind of art. MacLagan states that there lies a problem with this belief, because the fact that museums buy Gugging Art, does not mean that the psychiatric context is removed. He reports the danger of the marketplace being the ultimate judge on the value of art, and mentions the, ‘conspicuous examples of this are where the huge prices paid for recent artwork are equated with its importance or significance’ (Ibid, p.100). MacLagan draws a distinction between what constitutes *remarkable* patient art, be it Art Brut or art in the widest sense of the word, saying that not all *psychotic art* is necessarily noteworthy. MacLagan finds it undeniable that the Gugging Artists have been specifically chosen, although he wonders just how relevant their outsider status is in determining this. He argues that the likes of classic first-generation Gugging Artists Johann Hauser, Oswald Tschirtner, and August Walla, fit the mould of being Art Brut; whilst Heinrich Reisenbauer is more akin to post-modernist art, and lacks a, ‘genuine feel of *Art Brut*’ (Ibid). MacLagan, like Schüssler (2006), queries the ethical process in Gugging, specifically with its exhibiting of *patients’* art. He finds that there is indeed an ascribed value for the *patient* in creating art; whilst stating his position that some of the historical conditions for authentic Art Brut no longer apply (MacLagan, 2009, p.100).

MacLagan (Ibid, pp.100-101) finds the Gugging Art/Brut Centre to have, ‘superb new studios and galleries, and systematic documentation of every work produced’, believing however, that Gugging’s ethos of structural production for its artists to be akin to a type of, ‘*appellation (sic) controlee*’ (which alludes to a French award classification for products that satisfactorily adhere to the regulation of certain methods of manufacture). MacLagan also thinks of the House of Artists as a, ‘curiously old-fashioned setup, with patient-artists almost on show as much as their artwork, despite claims that it is the work alone that matters’ (Ibid, p.101). He concludes this

statement by remarking on the average age range of the Residents, or as he continually refers to them, 'patient-artists', questioning how and where, 'replacements' will be recruited; then makes the claim that Gugging, 'has become a museum of itself' (Ibid).

Maclagan (Ibid, pp.103-105) positions Gugging as an institution which, although aiming to encourage creativity in a supportive environment or, 'special studio', still exists within the envelope of the former psychiatric hospital, despite the secondary institution of the House of Artists emerging as an established famous recognisable piece of framework to the commercial world. Maclagan (Ibid, p.105) tells us that art created in Gugging has characteristics of both traditional patient art, and that of Outsider Art, with it being placed more in the latter category. He remarks upon the historical collaborations between the Gugging Artists and contemporary artists, such as Arnulf Rainer, whilst opining that:

These crossing of the boundaries are creative and provocative; but by the same token they are bound to raise questions about the relation between these more benign forms of institutionalization and Outsider Art (Ibid).

Indeed, Maclagan even queries the extent to which the artists in Gugging care about what happens to their creations, calling the situation in Gugging an artificial community inducing the creation of artworks that would not otherwise have emerged into the public domain. He compares this to the circumstance of the, 'utterly isolated Outsider', but finds that Gugging's open-studio provides, 'real sources of fulfilment and self-expression for those who attend'; believing it to have therapeutic value (Ibid, p.142). On another important topic, Maclagan points to the issue of transference between the open-studio assistant and the artist, and the subtle, subliminal influence potentially occurring (Ibid).

In contrast to Schüssler and Maclagan's question of the suitability of Gugging Art as Art Brut, Lisa Schwarz in her 2010 thesis – *A tightrope walk to Gugging...Second generation of Gugging art* comments that, 'the history of Art Brut is not just a story of a rapid single development, but also of contradictions and U-turns' (Ibid, p.46). Schwarz cites the example of the ambivalence of Dubuffet's experience, with regards to Art Brut and publicity, stating his frustration that Art Brut at the time was not more recognised, despite his inclination to, 'keep it secret' (Ibid, p.47). In this context, she

mentions that he understood the necessity of a public presentation to bolster the impact of *Collection de l'Art Brut*. Schwarz (Ibid) cites Emmerling (1999, p.100), who drew the parallel with the dissemination of Art Brut in culture to that of it being, 'like a virus Art Brut should be introduced into the cultural system'. Furthering the changing position of Dubuffet, Schwarz (2010, p.48) states that he recognised that Art Brut and Art Culturel (sic) were not fundamentally so different, but rather overlapped and cross influenced. Schwarz (Ibid) continues by quoting Dubuffet (1970) on his contradictory stance in which by presenting Art Brut to a wider culture, he was arguing *against* his original doctrine that Art Brut exists in rejection of the cultural milieu. She notes that:

Today the division into Art Brut and Art Culturel (sic) is obsolete because on Art market everything is readily available. Art Brut, so to speak becomes part of Art Culturel (sic) (2010, p.48).

Schwarz (Ibid, p.59) highlights Röske (2008) and his critical opinion on Navratil's over generalisation and the lack of statistical information when analysing his artist-patients work, and the use of his subjective opinion. Schwarz (2010, p.60) opines that, 'on the one hand, Navratil pathologizes contemporary and mannerist artists, on the other hand he differentiates the drawings of his patients and cultural art'. She (Ibid, p.61) cites Navratil's (1993, p.18) own position, where he was aware that his artist patients were influenced by their surrounding environment, with random imagery from newspapers, magazines, and television, all having an impact on what they chose to document in their art.

Schwarz (2010, p.66) writes on the structural and attitudinal change occurring in Gugging under Feilacher's tenure, outlining the, 'diametrically opposed' view to that of Navratil. She notes that the medical conditions of the Residents were placed into the background to help negate stigmatization, removing diagnostical classification in relation to their art-making (Ibid). Schwarz describes Feilacher as a, 'mediator, doctor and manager, but also that of a colleague', and that he saw the art created in Gugging as authentic art connecting to Dubuffet's Art Brut concept (Ibid, p.67). However, she states that Feilacher disagreed with Dubuffet's stance on Art Brut artists being introduced to the art world (Ibid). This signals that early into Feilacher's tenure he was already positioning himself as straying away from the tenets of Art Brut's traditional rules. As a counter to Schüssler's (2006) findings of the exploitation of the Gugging

Artists through Gugging's operation of selling their art, Schwarz (Ibid, pp.69-70) cites Feilacher (2009, p.151) and his belief that:

The sale of the works by the artists was therefore an important social aspect, which was increasing and gaining in importance. On the one hand it was about money, (but more importantly) the psychological recognition and appreciation of a performance.

Indeed Schwarz (2010, p.104) cites Navratil's (1983, p. 48) own perspective on his patient-artists gaining financial reward from the sales of their art:

Those critics who are so sensitive to any form of commercialization of this art, it should be said that as a patient you also have needs, you need money to satisfy them.

On the matter of the socially inclusive site of the production of the Gugging Artists' work, Schwarz (2010, p.70) finds the open-studio in Gugging is, 'not a therapeutic facility and serves some (of) the Gugging artists as a workplace, but it is accessible for everyone whether mentally ill or not, gifted or not'. She reports that it is a socially integrative place, outlining that open-studio staff work in a climate of using caution, avoiding didactic methods when assisting the Residents in their work (Ibid, p.71). She differentiates its operation from that of art therapy, stating that in Gugging it is the art product that is important, rather than art therapy's emphasis on placing the process of creation as the forefront (Ibid, p.72).

In contrast to Schüssler (2006) and Maclagan's (2009) criticisms of Gugging and its structural ethos in relation to its connection with its psychiatric past, Schwarz (2010, p.72) claims that Gugging is a, 'culture mound' which bears scant resemblance to its previous history as a psychiatric institution. Schwarz (Ibid, p.112) finds that today's Art Brut artists cannot be compared to those of the past, as the socio-cultural environment has changed. She also states the difference in the way information is disseminated, and how education-systems transmit knowledge (Ibid). Schwarz highlights that Feilacher's removal of the artists' medical histories from the public gaze, is in contrast to how the, 'outsider role has been subject of many artist biographies' (Ibid, p.117). She continues by pointing out how this prevents the illness from overshadowing the artwork, and counters the motive of charitable buying (Ibid). However, Schwarz (Ibid, p.133) offers the counter-opinion of art historian Gorsen

(1998, p.50) and his belief that art from Gugging should not be separated from the areas of art and psychiatry in the historical context, because he believes that, 'psychological phenomena drives creativity'.

Schwarz (2010, pp.137-138) finds that the House of Artists' practice of social welfare facilitates the Residents, 'coping with everyday life together', and that de-hospitalisation and increased quality of living standards are now at the forefront in the House of Artists. She notes that the therapy's role is reduced, not for the reason of the potential influence it could have on the art created by Residents, but because it would not be an appropriate fit with the structural ethos of care for the current Residents. Schwarz says that art is their profession, and finds that the House of Artists is a home first and foremost before it is a place of therapy for those younger Residents, who may need that kind of assistance (Ibid, p.138). She states that the social psychiatric approach in Gugging has not in itself been criticised to date, and speaks of how the art created by the Residents has nothing to do with the care they receive in the House of Artists (Ibid). Schwarz cites Bäumer (2007, p.166) and her belief that Navratil's assertion of the connection between art and psychiatry no longer holds sway in Gugging, as so much has changed socially and medically in the community. The question of the validity of patient-artists' art *as* art is still open according to Schwarz (2010, p.138), as she posits the general assumption that art concerns itself with how contemporary history expresses itself; she continues this thought, mentioning Pongratz (2007), as cited in Fink, (2008, p.59), and his stance that Art Brut stands apart from art history since its artists exist outwith it, and don't acknowledge the wider historical zeitgeist. Schwarz's (2010, p.139) opinion is that previous critical comments on Gugging can only, 'temporarily cloud the view', as the future of Gugging's success can only be retrospectively determined, whilst Gugging Art is continued by the next generation of artists. Schwarz (Ibid, p.66) hopes that the legacy of a new era of Gugging will continue in the long-term through a new generation of Gugging Artists.

The House of Artists was included as part of the wider research conducted by Vick and Sexton-Radek (2011) in their comparative study into eight studio art therapy programmes in the USA, and seven community studio art programmes for artists with disabilities in Europe. The authors (Ibid, p.9) found that the European examples distanced themselves from identifying what they offered as *art therapy*, rather they

connected to Wolfensberger and Thomas's (1983) *normalization principle* in that, 'every effort is made to destigmatize individuals by facilitating age- and culturally-appropriate opportunities rather than grafting "therapy" onto the end of every activity'. Vick and Sexton-Radek (2011, p.9) describe how the, 'layers of *otherness*' are removed by allowing individuals to participate in activities of societal value, such as art-making as opposed to therapy that engenders separation from society. The authors report that programmes such as the House of Artists are positioned away from being strictly regulated clinical spaces, and engender the interrogation of a, 're-examination of traditional *therapy* roles and styles of relating' (Ibid, p.5). Vick and Sexton-Radek (Ibid) note the dichotomy in the ethical argument of exhibiting artworks of *marginalized* people when consulting the online Art Therapy Credentials Board of *Codes of Professional Practice*, which actively dissuades practices which may bring into question patient confidentiality. However, the authors (Ibid) point out that the same online resource allows for *client artworks* to be exhibited as long as client control and wellbeing is taken into consideration through compliance with ethical standards of practice. Citing Vick (2000) the authors (2011, p.5) find that facilitating such an opportunity for clients has the potential to be an, 'empowering experience'.

Multidisciplinary artist and part time carer of the mentally ill, Ruby Fox, highlighted in her online blog (August 2014) the value of Gugging, saying that:

The centre (Art/Brut Centre) utilises the power that art-making has as therapy, but instead of having structured art therapy sessions, the art-making is integrated into the resident's everyday lives...this gives them a chance to develop their artistic ability more naturally.

Fox was interested in the process of the effect that making art has on the artists, in addition to the affect of the artists' minds on their own artworks.

2.9 Discussion and Implications - Comparison of viewpoints

Each of the studies ultimately serve to indicate the importance of the significance of place or setting, in its relation to improving people's wellbeing. The environments in all but two studies (Davies, Knuiman & Rosenberg, 2016, and Dayal & Diaz, 2008) focus on healthcare, or art-programme settings, which use the tool of art to enhance mental health. There was a clear message from the research that more needed to be

done, in order to further understand and explore the benefits of arts engagement for mental health recovery, and the intricacies therein. The impact on public health policy and good practice was highlighted by a few studies (i.e. Davies, Knuiman & Rosenberg, 2016, and Van Lith et al, 2009) as an important issue going forward. Kelly et al (2015), and van der Vaart (2017) agreed on the view that more long-term study is required to measure the benefits of arts involvement in therapy and resilience building. Jensen (2018), and Parr (2005) raised the point of the management of arts projects and cultural institutions, with insights into future planning towards better social inclusion and support of participants' diversity of needs. This in turn, connects to Van Lith et al (2011) who raised the important point of art's integration into health settings (something of course, pertinent to the role of art in the field of mental health). Davies, Knuiman and Rosenberg (2016), and Ramon (2018) acknowledge the social context of participants as having a role to play in their recovery; whilst Dayal and Diaz (2008) in particular speak of the enrichment of psychosocial wellbeing and health in community. Tomlinson et al's (2018) view on participants re-engaging with local culture and community, chimes with van der Vaart's (2017) opinion that art can support community development-process. However, the latter contests that the arts also had the capacity to fragment communities, and to exclude members due to the differential of subjective perspectives on collective community identity, i.e. not everyone in a community values art's place, or its reputation in their environment over other activities (Ibid, p.54).

In addition: the studies differed or disagreed in the following general ways:

1. How best to assemble a research team.
2. How best to gather evidence.
3. Difference in methods selected, or in overall methodology.
4. Participant as being viewed as object, or subject within their research process.
5. Differently implied definitions or understandings of art:
art therapy - therapeutic art - art.
6. Usage of the client-voice in research.
7. The significance of place.

2.10 What the literature says and what it doesn't say

The studies typically find that art in a therapeutic context, as a recovery tool for people with mental illness is beneficial. In general, the studies claim that personal meaning and purpose in life accrues for participants as a result. They also highlight that supportive relationships and the art environment itself, enable social and artistic development; and that social recovery is an essential part of mental health recovery. Participation with art-process can lead to re-engagement with others and the local community. There is a sense that longitudinal research is necessary to look into the legacy of various art projects. The relationship between the service provider, project leaders, and clients with mental illness, is deemed to be an important factor for success. However, there is an emphasis that more research should be done to provide a greater evidence base for this benefit, and to explore its potential to contribute to public health policy and practice.

What the research does not say:

1. The value of independent unfunded studies by an artist with mental illness.
2. The value of declared-bias, within the research team as a qualification, which is mediated by independent experts.
3. The value of the researcher's use of art-process and personal mental health condition, as a means of immersion into research participants' process.
4. The value of ongoing-testing of understandings of emergent findings through public intervention/debate/politicians/psychiatrists.
5. The value of contextualising participants within wider cultural ecologies.
6. The value of the context given to art-making as the *business* or *job* of participants as activity of paid or unpaid employment.
7. The value of tracking over time the developments in participants' lives within their art or home life.
8. The value of tracking participants' embedded-ness in cultural society:
 - i. Tracking whether the participants in projects contribute a service to wider culture.
 - ii. Tracking the family experience.
 - iii. Framing research as activist-research or advocacy (Rather, it seems too often viewed as research for funding or political purposes).

Not considered by any of the studies, were insights into the researcher's presence, their reflective act of *being* present, or researcher-presence observed from participant viewpoints. There was no acknowledgement that the researcher in the field, studying those participants in the shared context of art, mental illness and recovery, was alongside participants. They may have perceived the researcher as an authority figure. At the beginning at least, the researcher may have been thought to be a boss, an inspector, even a plain-clothes police officer, a potential trouble-maker, or just part of a chain of visitors, who have come to see participants and to take something away, such as photographs of them, or words by them - just like early anthropologists, who visited ethnic tribes. Instead, we should ask - what are researchers *giving* to clients? Immersion as an ethnographic researcher in a longitudinal study allows the above assumptions to run their course, as the researcher's presence becomes, to a degree, a semi-permanent fixture in the social grouping of participants.

It can never be the full picture, to represent the lives and practices of participants in research that focuses on art, mental illness and recovery, primarily through words and statistical data. Creating art is a time-based experience, and its primary result is both internal and external. Through objects across their various stages of creation, with inner thoughts and emotions that predate, happen simultaneously, or continue beyond the art's physical completion as an afterlife, there is *much* to observe and record in many different ways by the researcher. If a thesis has words, why should it not have images to say what the words cannot? To research art-related subject matter must surely require art-based methods, in a practice-based study.

2.11 How my study relates to previous studies

The sensitive subject area between art and mental health requires researchers to be receptive and empathetic to those they are researching. It is important that they do not consider, or give the impression, that participants are merely subjects under investigation, and not people with feelings about the researcher's presence. In my study, measuring the impact on participants' lives by myself and research assistant 1 (RA1), was constantly considered in my reflective-process.

I wonder whether the other studies were penalised to a certain extent, through the status of the researchers. Mutuality and empathy of presence with their subjects has greater potential for wider perception by the researcher. For many participants with mental illness, autonomy doesn't exist because they are constantly in the care of someone else, whether family-carer, social-carer, doctor, therapist or even the researcher. A study needs to account for this. Many of the studies look through the lens of authority and can appear to appropriate the use of participants' voices, to prove or disprove a hypothesis. I wonder what the long-term impact of studies is on the impressionable lives of participants under the microscope of inquiry?

I was disappointed to note the composition of the research teams for the studies in my review, where there were too few art-qualified, and none with openly declared lived-experience of mental illness. Surely, the absence of these two fundamental elements should cause concern, and is in need of change? I contend that lived-experience of art, mental illness and recovery should be at the heart of this field. On balance, I find seven points where the studies, either productively relate to, or open pathways for my own research:

1. The value of using bias and mediation-process for greater objectivity, with bias as a qualification to hidden insights, albeit requiring positive and negative balances to subjectivity.
2. The value of employing a combination of short-term and longitudinal research methods. To use both, includes benefits that would be missing, when solely deploying one or the other.
3. Employment of combinations of qualitative *and* quantitative-style methods, within studies that are normally, discretely and primarily qualitative or quantitative methodologies.
4. The value that may be gained or diminished, when the researcher is immersed and participating in the ethnographic processes of the research focus.
5. Agency through *research in action*, and the opportunity for empowering the participants to conduct research into their own activity, within the study.
6. Research that disseminates aspects of emergent findings, during its own process, for the purposes of discussion, feedback, and the testing of

understandings through media, politicians, medical professionals, and the public.

7. Employment of a set of research tools that are multi-disciplinary, and trans-disciplinary.

These points identify where there are gaps in the research field, and lead to the generation of the research question, sub-questions, and wider issues for this study, which will be outlined in the next chapter on methodology. In addition, I shall outline the methodological standpoints required to undertake the research and my art practice, and define my core methodology of Falling UP. The rationale for the selection of particular methods for data gathering during field trips will be explained, along with the approach to data analysis.

Chapter 3. Methodology

3.1 Introduction

Gugging Residents live together in an intergenerational community within a system of two processes called *living in art* and *und die Welt*, where they live as artists and participate in cultural society at the highest level. My double perspective as an artist with mental illness encouraged me to devise a custom-created methodology of a co-created artistic community called Falling UP, comprising medical professionals and artists, who could explore art, mental illness and recovery. Falling UP methodology combined ethnography and action research. It deployed qualitative and participatory methods, residency, field trips, and collaborative art-processes.

The previous chapters have set the scene for the subject of the research, explored the context, defined the scope and identified the key research question to be addressed:

What is the nature of the artistic and psychological process between patient-artist and artist-doctor in Gugging?

This key question is supplemented by a series of related sub-questions:

1. Has the mental illness of the Gugging Artists been destigmatized through art, treatment and community, and how have the perceptions of *outsider* status changed over time?
2. In what ways does the creativity-relationship between participants foster the development of a re-negotiation of the self, and how significant is place to the development of mutuality?
3. What perceptions and understandings of the Gugging artistic and psychological process emerge as a result of the researcher being an artist who is mentally ill?

And wider issues:

1. What are the structures, behaviours, and subjectivities of perception within the art-making process between participants as they interact within shared liminal space?

2. How is progress in health and creativity defined, and how is progress in health through art perceived by patient-artist and doctor-artist/guardian and what meanings does the created art embody?
3. What insights can be gleaned from this research to inform alternative models of recovery in the context of Scotland?
4. What can be learnt from Gugging, which could contribute to Scotland's approach to mental illness and to societal change?

To address the research question, an appropriate methodological approach was needed. This chapter will explain the rationale for the methodological approach, and the methods used to answer the research questions. It will present the following:

1. Theory of methodologies leading to the rationale for my choice of methodologies and methods.
2. Falling UP as methodology, lifestyle and art practice.
3. How the research data was generated through research field trips to Gugging, facilitating Gugging voices to emerge.
4. The method of data analysis – content, discussion, narrative, participatory and arts-based analyses.

My ambition is to introduce Gugging processes in Scotland, to connect culture with healthcare and change our society's relationship to art, mental illness and recovery. The following chapter will explain how I developed my methodology, combining ethnography and action research to comprehensively investigate the efficacy of Gugging, and to stimulate societal change in Scotland. The complex interactional fluidity amongst behaviours and outcomes in Gugging's system are holistic in nature. A compartmentalised reductionist perspective, as is currently predominant in Scotland, could overlook the properties of human subjectivities that drive every level of Gugging's humanising infrastructures, which are concepts of self-actualisation-in-practice through living and working artistically with other people.

3.2 Theory of methodologies

In searching for a suitable methodology to frame my research, the work of several key authors provided the foundation for the development of my research strategy. I shall discuss the key aspects of the relevant methodologies, and each author's contribution to the development of my research strategy.

Kara (2015, p.4) states that a research methodology constitutes a logical and systematic scheme that is situated on the perspectives, beliefs and values, which govern the researcher's choices. Grierson and Brearley (2009, p.5), as cited in Kara (2015, p.4) call it a *contextual framework*, within which, for the researcher, methods are tools adopted to gather, analyse the data, write up and show their findings. Kara (Ibid, p.6) notes that according to Smith (2009, p.99), researchers in the social sciences are closer in affinity and connection to, 'creative artists and performers than to the physical scientists with whom we are traditionally allied'. Kara points out that *truth* contained in works of art is unlikely to be consumed and experienced by all persons in the same way, therefore art presents *truth*, 'as multiple and contestable' (2015, p.6). The author maintains that whilst research in general defines *truth* as a finding that is replicable through further research, to portray *truth*, 'as a single, shareable and indisputable viewpoint'; she notes that some contemporary researchers contemplate *truth*, 'as complex as artists suggest', and is multiform, fragmentary, conditional, and context-dependent (Ibid). The author considers this best achieved through mixed methods research, and cites (Ibid) Sameshima and Vandermause (2009, p.277) who recommend, 'looking intensely from multiple perspectives'.

Poth (2018, p.36) describes mixed methods research as, 'situated within and shaped by research conditions', managed and directed by, 'using philosophical stances and theoretical frameworks'. According to the author, a blend of understandings results from the combination of qualitative and quantitative derivation points, data gathering procedures, and schemes of analysis to answer topics suited to mixed methods research problems. Poth (Ibid) states that ethical challenges are effectively anticipated through the process of research design, and are addressed as issues occur during the study as researchers gather ethically-correspondent data from their qualitative, quantitative and *mixed* methods.

Helman (2007, p.457) observes the use of quantitative and positivist methodology in social science research, ‘which still commonly promotes the myth of the *invisible researcher* (and research technique) whose presence supposedly has no influence whatsoever on the people being studied’. He contrasts this with the qualitative approach to methodology, which takes into account that particular elements of the very research project, ‘can influence the phenomena under study, and thus the types of data that can be obtained’ (Ibid). The determinant factors, which Helman refers to, are the various attributes of the researcher, research technique, and the context of the research. He notes that for research into human populations and their societies and culture, this to be particularly the case, where, ‘the subjective and contextual aspects of qualitative research is a major strength of its approach, and not a weakness’ (Ibid). This is due to the fact that the wider data produced enable readers to form a more comprehensive basis for assessment, when compared to quantitative research in the social sciences.

Citing Murphy (2011), Rose (2016, p.257) characterises ethnographic methodology as comprising a collection of research methods, such as, ‘participant observation, informal interviewing and careful field notes, as ways of exploring everyday settings’ (Ibid). Rose states that ethnography can be used to investigate visual materials, and refers to Becker’s sociological study *Art Worlds* published in 1982. She considers this to be one of the most significant inquiries into art objects, and terms it, ‘a sort of ethnography (though rather *light touch*) of how art objects are both produced and then circulate’ (2016, p.280). Becker’s inquiry investigated the curators, gallerists, artist’s agents, collectors and critics who formed the *network of people*, ‘whose cooperative activity, organized via their joint knowledge of conventional means of doing things, produces the kind of artworks that the art world is noted for’ (Becker, 1982, p.x in Rose, 2016, p.280).

Henare et al (2007, p.4) draw attention to the potential of methodologies, which *think through things* and as latent to the ethnographic process, ‘to go out and *see for oneself* and to participate in, as well as observe, other peoples’ lives’. The authors note that ethnographic fieldwork necessitates interaction with people and their *things* beyond conversations or second-hand sources, to include sharing food and contributing to the production of, ‘all manners of artefacts’ (Ibid). That such interactions can become

knowledge in themselves is not new, and led Henare et al to perceive, ‘a collapse of the experience/analysis divide, such that the experience of things in the field is already an encounter, *simpliciter*, with meanings’ (Ibid).

The authors consider the advantage of ‘things’ as a term, when compared to other terms like ‘objects’, ‘artefacts’ and ‘materiality’, that it carries minimal theoretical baggage (Ibid, p.5). Preferring not to deprecate subjects’ stories as if they were merely imaginative understandings, the authors instead poeticise these as, ‘moments of ethnographic *revelation* – in which unanticipated, previously inconceivable things become apparent’ (Ibid, p.1). They question the very assumption that artefacts are analytically divisible from the relevance that subjects attribute to them. Henare et al challenge, ‘how and to what degree might the artefacts that so often occasion these moments be engaged with on their own terms?’ (Ibid). The authors differentiate the uses for the term *things* whereby *analytic* denotes an ever-to-be-refined classificatory system, and *heuristic* denotes the human interaction amongst things that provide the locus in which the former might emerge; epigrammatically cast by the authors as, ‘Analytics parse, heuristics merely locate’ (Ibid, p.5).

Pink (2015, p.13) speaks of an *anthropology of the senses* that probes the nature of the connection between sensory perception and culture. She examines the position of *vision* in its interrelationship with the other senses, and calls for a reflexiveness, ‘that goes beyond the interrogation of how culture is *written* to examine the sites of embodied knowing’ (Ibid). Pink’s notion of place works as, ‘an analytical construct’ framing the underlying position of both ethnographer and subject within the contextual relationship of the social, sensory, and the material; *and* associated with, *and* a result of unique power structures, which participants, ‘experience through their whole bodies and that are constantly changing (even in very minor ways)’ (Ibid, p.38). The author’s perspective permits *us* to follow a path of a sensory ethnography; where place is *lived but open*, where researcher and subject are immersed and interwoven as they co-produce power relationship and materiality (Ibid). Pink’s conceptual sites of ethnographic research, ‘extend away from the intensity and immediacy of the local, and are entangled with multiple trajectories’ (Ibid). Her imagination of space and place, re-appraises ethnographic temporality towards an alignment with a, ‘future

orientated approach of design research' (Ibid, p.33), enabling and engendering innovative means of, 'ethnographic practice to applied and change-making agendas'.

Referring to Turner (1986b), Denzin (2014, p.52) states that the autoethnographer is drawn towards, 'narratively structured, liminal, existential spaces' that present continuous social dramas of, 'complex temporal rhythms'. Denzin (Ibid) describes these as, 'epiphanies' and relates them to Turner's (1986b, p.35) *storied* dramas, whose accounts reconstruct chronologies into multiform levels of purposeful experience. Turner portrays that liminal event as a, 'no-man's land betwixt and between...the past and the...future' (Turner 1986b, p.41 in Denzin 2014, p.52).

Denzin (Ibid) believes that inside, and by dint of their external-performances, people are moral creatures, 'ahead of themselves, occupied and preoccupied, with everyday doings and emotional practices'. He (Ibid, p.27) reports that by creating together, autoethnographers as duoethnographers design a joint-performance space of enactment, articulated through deeds of activism and resistance. The author (Ibid) cites Norris and Sawyer (2012, pp.10-11), who describe how duoethnographers write themselves into one another's life, sharing identities, working together collaboratively, to construct a *critical consciousness*, that envisions novel political opportunities; their audience are encouraged to engage and participate *into* the performance, becoming part of a conversation, to establish a dialogue. Denzin (2014, p.1) construed interpretive autoethnography as, 'lives and their experiences, the telling and the told, are represented in stories, which are performances'.

Ellis (2007, p.14) contends that, 'doing autoethnography involves a back-and-forth movement between experiencing and examining a vulnerable self *and* observing and revealing the broader context of that experience'.

Adams, Ellis, and Jones (2017, p.3) consider, 'a second purpose of autoethnography is to *articulate insider knowledge of cultural experience*', where the researcher illuminates strands of cultural life that other researchers cannot access, or conceive. The authors believe that someone with lived-experience of institutional oppression, racism, loss or illness, is able to personally and directly articulate their problems, in contrast to those with minimal familiarity. The authors further maintain that insider

knowledge is no guarantee that an autoethnographer is more reliable or factually correct compared to *outsiders*, but concede, ‘as authors we can tell our stories in novel ways, when compared to how others may be able to tell them’ (Ibid). Whilst this might be the case, I counter that the life-situation of mental illness’s accumulated experiential knowledge *does* afford concentrated authentic legitimacy.

Within ethnographic practices, the technique of Rapid Assessment Procedures (RAP) is considered by Helman (2007, p.458) to be a progressively favoured and relevant option, especially in the field of international medical aid and health promotion programmes. Particularly productive are the processes of *rapid ethnographic assessment* and *focused ethnographic study*, which are timetabled over weeks or months as opposed to years (Ibid). The RAP process involves the subjects taking part cooperatively and communally with the research team, as each team member investigates different elements in the daily life of the community (Ibid). Helman reports on the usefulness of *focus groups* for the RAP process to probe and document the health-related behaviours of the subjects under scrutiny (Ibid).

McNiff and Whitehead (2011, p.12) contrast externalist with person-centric theories of action researcher, describing the former to be a, ‘*thing* to be implemented’, and the latter as, ‘about what *I am doing as a living person*’. The authors define the person-centric to assume a *living form*, and to embody life experience; and use the expression *living theory* in conjunction and contradistinction to *ordinary theory* (Ibid). Reason and Bradbury (2008), as cited by McNiff and Whitehead (2011, p.12) created a typology of research with three categories, classified as, ‘first-person, second-person and third-person’. The authors (2008, p.6) define *first-person* as enabling a contextual investigation into the researcher’s own life; *second-person* as enabling interpersonal research of shared relevance; and *third-person* as enabling research that impacts on societal structures, through the construction of a, ‘wider community of inquiry involving persons who, because they cannot be known to each other...have an impersonal quality’ (Ibid).

Citing Dadds (2008); McNiff and Whitehead (2011, p.29) regard the evolution of relational and empathetic values, both in the social and the psychological domains to be of growing relevance as a frame of reference for action research. Within these

values lies a transformative ability for action researchers to harness the wisdoms of others, in the construction of, ‘living theories of practice’ (Ibid). McNiff and Whitehead observe that action researchers always relate their own environment, theory and practice to the context of other people, and, ‘they do not adopt a spectator approach, or conduct experiments on others’ (Ibid). The authors hold that action researchers always engage in a study alongside others, ‘recognizing that people are always in company’, believing that despite a lack of presence the influence of people is always palpable (Ibid). The authors address the function of action research to change and improve the social context within their focus of study; and conclude that to affect how people perform and operate you have to modify what they know, what they think, and what they value (Ibid, p.249). To be a participant in the debate and to have an impact on policy, according to McNiff and Whitehead the action researcher requires vision, a clear objective, purpose and the means to deliver change (Ibid). By publicising the research and demonstrating its relevance and importance, the action researcher confidently makes available functioning ideas to create new futures, which can inspire others by saying, ‘It doesn’t have to be like this. You are capable of rethinking the way things are and changing them’ (Ibid, p.251).

Poth (2018, p.39) states that mixed methods research is deployed, ‘for *infusion*’, as theory alters attitudes for political and societal change; and the author considers participatory strategies that merge qualitative and quantitative data to be appositely suited to the research advocacy of specific groups or populations. Poth (Ibid, p.88) also notes that independent research teams are acknowledged to be the most favourable arrangement when dealing with intricate mixed methods research problems. This is due to the extensive possibilities of hatching innovations as a result of interplay amidst researchers with a variety of methodological and specialist knowledge (Ibid). The author cites Bryman (2006), and Curry et al (2013), to acknowledge the intrinsic difficulties when forming a team, ‘with differing perspectives, experiences, and assumptions’ (Poth, 2018, p. 88). This is particularly so when evaluating required expertise and functioning, to engender optimal levels of collaboration in order to deliver the research. To collectively form a trans-disciplinary and trans-cultural complement of researchers, many hours of planning are necessary to develop a respectful, egalitarian working relationship (Ibid). The author terms this an *organic* procedure that readily portrays the research process to be more *creative*,

evolving, and emergent than expected; with, ‘no assumption of linearity or of rigidly following a preconceived plan...the process is emergent and ever deepening in focus and detail’ (Ibid, p.40).

Kara (2015, p.66) maintains that working together with people from different fields can be rewarding and productive, bringing an additional creative dimension to the research. She refers to a study into drug addiction by Sameshima and Vandermause (2009, p.278), who assembled a research team of, ‘specialists in education, nursing, photography, theatre, music and creative writing, as well as a participant who had experience of methamphetamine addiction’ (Kara, 2015, p.66). The author (Ibid), citing Sameshima and Vandermause (2009), describes how each of the specialists brought unique expertise and how, when assembled with that of others generated the growth of, ‘new, greater, and deeper understandings’ and unveiled, ‘complex patterns...which are not evident when researched separately’.

Ellingson (2009) calls this technique for the deployment of research specialists, *crystallization*; having developed the original concept by American sociologist Richardson (2000) into a nuanced methodological configuration for qualitative research projects, that combined diverse practices of gathering, examining and showing data. Ellingson (2009, p.4) defines this *emergent framework* as follows:

Crystallization combines multiple forms of analysis and multiple genres of representation into a coherent text or series of related texts, building a rich and openly partial account of a phenomenon that problematizes its own construction, highlights researcher’s vulnerabilities and positionality, makes claims about socially constructed meanings, and reveals the indeterminacy of knowledge claims even as it makes them.

Ellingson’s framework incorporates conventional forms of analysis together with arts-based analytical methods, multiple forms of writing, formats such as painting or video; and adopts a profoundly reflexive viewpoint to grasp, ‘knowledge as situated, partial, constructed, multiple, embodied, and enmeshed in power relations’ (Ibid, p.10).

Rose (2016, p.332) citing Barone and Eisner (2012, p.xi) observes that the indistinct differentiation between *images-as-data* and *images-as-dissemination* is also the case in arts-based research; which is described as, ‘an effort to utilize the forms of thinking

and forms of representation that the arts provide as a means through which the world can be better understood'. Rose (2016, pp.332-333) defines arts-based research to also include more specialised forms of art practice such as sculpture, theatre, installation art and painting; which can be created as either hands-on involvement enabled by an artist within the research process, or alternatively carried out by the artist as researcher, alone. The final outcome in both cases has been created to-be-exhibited, or enacted (Ibid, p.333). Ellis, Adams and Bochner (2011, p.273) describe the process of autoethnography as a way to research and write, which aims to depict and methodically examine, 'personal experience' as a way to understand 'cultural experience'. It is a process that can be conducted individually or within collaboration with others (Dumitrica & Gaden, 2009, p.2).

Moutu (in Henare, 2007, p.93) reports on the Iatmul people of Papua New Guinea, who, themselves, do not utilise a classificatory mode of thought to support explanations of themselves or other phenomenological experiences; instead they deploy, 'an epistemological scheme of juxtaposing analogies (Bateson 1958; Moutu 2003; Herle and Moutu 2003) in order to explain things to people'.

Going beyond its function as an essential cognitive faculty in research process, Rapport (2004, p.102) considers *imagination* to be a *primary tool* for research. Without moral imagination and imaginative analysis, research would be something other than what it sets out to be. A prosaic research with no imagination could not make *known* the unknown. Wright Mills (1959) believed imagination to be fundamental to the *craft of research* in the social sciences. James (2012) highlights the efficacy of imagination for secondary analysis of qualitative data by a *secondary* researcher, to contribute distance and disconnection from the source of the data gathered. Yet, whilst a dispassionate analyst brings something new to the table, they are robbed of the benefits that *actual presence* can deliver. Nonetheless, they do advance an unencumbered analysis using imagination as a research-process to appraise data as pure evidence, which constructs and makes meanings with different perspective, enriched by the analyst's existing knowledge and worldview.

3.3 Development of a Methodology for Gugging

The literature described above covers a range of approaches, which I considered to be relevant and valuable; and to have enabled the development of a framework for my own research. Experience from pre-PhD visits to Gugging encouraged me to plan structures of engagement for PhD field trips that could embrace my insertion of *presence* across the psychological geography of Gugging. With these structures, I could be *with* people, and enact as part of the Residents' daily lives (Henare et al, 2007), *and* enact as part of their creative-environment. By doing this, I could partake in the contextualities of work, events, customs and local traditions *inside* Gugging processes, to permit myself a comprehensive perspective on Residents' social and artistic relationship to the support infrastructures that surrounded them. This strategy would require a *visible* researcher under both the conditions of closed-formal and open-ended-informal research activities. Notably, whilst giving control and agency to the subjects of my research, these would also give control and agency to me, as mutual relationships developed between Residents and myself. Ellis (2007) contends that autoethnography involves a back-and-forth movement, and this characterised the liminal, betwixt and between equilibrium and non-equilibrium, *and* the inner and outer selves, for both Residents and myself.

In 2014, my initial impression of a Gugging-process was that it functioned exclusively in the Atelier (open-studio). Subsequent visits during 2015 highlighted a truer extent of the Residents' interconnectivity, their interactions amongst the different departments of Gugging, and their public operation on multiple levels. My increased understanding comprehended that this process was ubiquitous and all-encompassing involving multidisciplinary staff *and* the public. This realisation led to my co-creation of Falling UP as a methodological approach with its own diverse experts with whom I could interact, discuss, collaborate, and create summative artistic statements of mind and heart; which, embodied interpreted revelations *to me* through *their* aesthetic, in the largely unfamiliar *to them*, practice of creating artforms. That Falling UP's multidisciplinary perspectives on the stories and documentation derived from Gugging would be examined through discursive-art is apposite; for Gugging is centred on art-process in relation to mental illness and recovery across its infrastructures that link to society, and operate amongst many perspectives of truth.

3.4 Falling UP as methodology, lifestyle and art practice

By the time my conditions were stabilised in 2011, through a process of reinvention I developed *missing* social and communication capacities by forming a networking, grassroots recovery-system towards personal *epiphany*. From the pragmatic outlook of recovery and re-discovery in artistic collaborations with my family, I formulated a basis for my generative therapeutic community. I called this mode of recovery *Falling UP*. My ongoing experience of mental illness could foreground insight and perspective through deep-rooted, synchronic understanding. This would inform participatory ethnographic, duo and autoethnographic activities in Gugging; and the duoethnographic and action research activities within Falling UP's public interventions in Scotland (see DVs 6 and 7, pp.207-208). To perceive *liminal* dimensionality inside Gugging's artistic and psychological process, praxis in Falling UP developed unique, fluid partnerships of *co-operation* with collaborator-experts in Scotland. In Scotland and Austria, these techniques could facilitate social exchange, creative collaboration, co-production, making objects, co-conceptualisation and public intervention. Artistic and psychological health for all collaborators and research participants would underpin these personal-contracts of interaction, to actively and progressively challenge the isolating-reality of those with psychological conditions.

In 2016, Falling UP emerged from *secular communion in recovery* to become a core research methodology and a lens to perceive Gugging's artistic and psychological process. As interpretative multi-ethnography, Falling UP used self-reflection through practice. Denzin (2014, p.7) describes this as, 'conventionalized narrative expressions of life experiences', given structure through performance and written accounts to uncover many facets surrounding the study of the human experience, including:

- (1) the existence of others; (2) the influence and importance of race, gender, and class; (3) family beginnings; (4) turning points; (5) known and knowing authors and observers; (6) objective life markers; (7) real persons with real lives; (8) turning point experiences; and (9) truthful statements distinguished from fictions.

Falling UP's ethos began to mirror Gugging through its social value, destigmatizing integrated-creativity, mutuality-in-action, community operation, and its clear sense of purpose. Discursive and analytical practice raised awareness of Gugging's efficacy,

through Falling UP collaborations exhibited in public interventions as critical advocacy (see DV 8, p.209).

Falling UP as a product *and* a process creates and uses its products inter-disciplinarily. It is both a *thing to be implemented* and *what I am doing as a living person*. The former is action research, whilst the latter is *a collective* that effectuates my *living theory* of recovery-lifestyle. The perpetual motion of Gugging provides constant proof of its living theory, to both confirm and re-hypothesise through its openness to change and external influences. The following diagram - Figure 3. Falling UP as Research Design, illustrates the overall research methodology depicting the complex relationship between the art collaborations and action research, the participatory ethnography and the importance of society, with data evaluated through four processes; Expositions, Advocacy, Gugging and Silverburn.

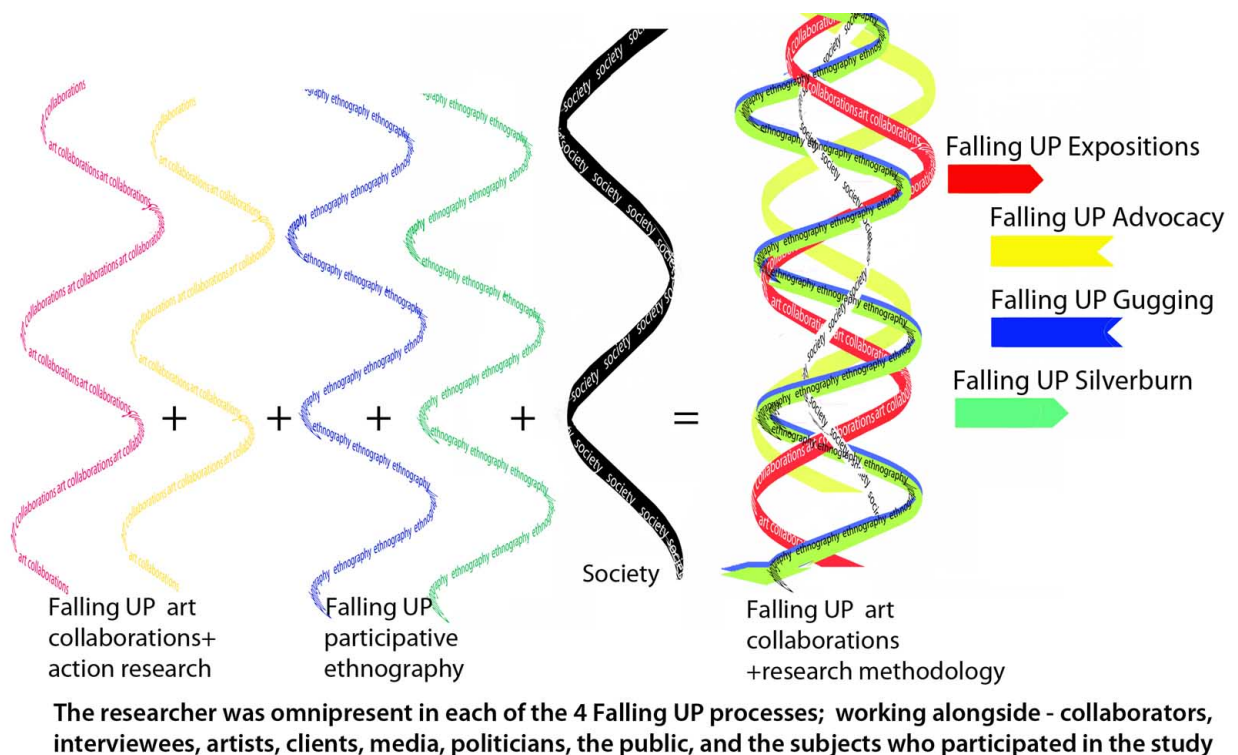


Figure 3. Falling UP as Research Design.

(see DV 3, p.204).

Falling UP, my life-style art practice (which will continue beyond this PhD process), comprises thirty-two unique ongoing artistic collaborations between myself and psychiatrists, psychologists, transpersonal psychotherapist, occupational therapist, art therapists, mental health nurse, politicians, café owner, actors, chief constable,

mathematician, historian, Professor of German, artist designer, curator, gallerist, public relations designer, artists, and illustrators. Its practice crosses historical and psychological boundaries, heuristically exposing understandings of art-process, mental illness and recovery on professional and personal levels. Most participants will never meet one another; rather, their presence becomes unified through advocacy, and the vocabulary of their collective-artworks as exposition. As Falling UP shifted from therapeutic-recreation for its professional participants, it became a *re-creation* to each and unto myself. Inherent tensions and power structures initially presented barriers of *non-understandings*; as personality, emotional-composition, professional and educational background, life history, health experience and personal philosophy, were all sources for differences. Resolution was in the confluence of art, mental illness and recovery, with sixteen collaborators having mental illness, and the other sixteen experiencing life with family and friends who have mental illness.

Falling UP's duoethnography evolved through implemented-practice in Gugging as *Falling UP Gugging* involving direct collaboration with Residents, complementing my participative-ethnography (these practices were further developed in Scotland within the pilot-process of Falling UP Silverburn). Mixed qualitative, quantitative-style (through bespoke visual prompt sheet-surveys) and art-based methods were deployed, providing a flexible toolkit with *complementary* potential (see Appendix D, p.434). The following diagram - Figure 4. Cycle of Falling UP, illustrates how a single cycle of each of the four Falling UP sub-processes operated, and the various activities undertaken in each element of the meta-process.

A single cycle of Falling UP's four processes and their relationship to its activities operates between each of the Falling UP expositions

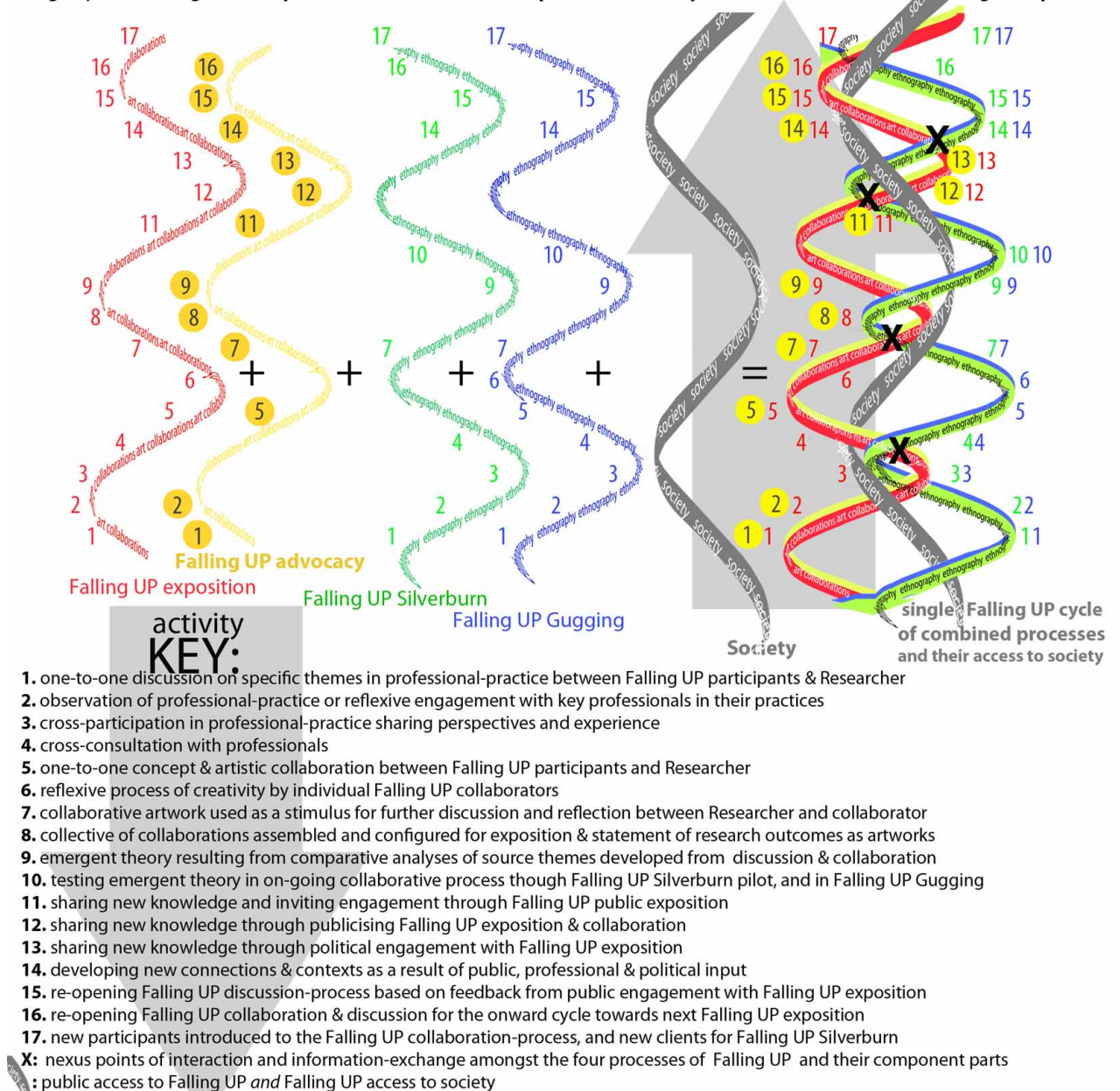


Figure 4. Cycle of Falling UP.

(see DVs 4 and 5, pp.205-206).

Methods evolved and techniques refined through extensive usage in Falling UP collaborations, as collaborators' growing curiosity contributed sub-topics and questions for Gugging. Some suggestions included: *Why don't you use a Likert scale?; I think you should ask some negative questions too.; Can you ask the Residents whether they feel they have to produce art that others like?; Can you ask the Mental*

Health Nurse about the differences between the House of Artists and other residential care facilities in Austria?; Are you allowed to photograph the artists' living space?; Wouldn't it be interesting if Gugging Art was in the British Journal of Psychiatry?; How is the care-provision monitored?; Who pays for it all in Gugging?; Why did I see a picture of David Bowie there?; Was his album 1.Outside really inspired by his visits there?; But is it a Social Enterprise?; It's a good idea to allow your interviewees to review aspects of their contribution.; When I review film of clients, I also ask their views as they watch the film.; Do you show them your art or pictures of Falling UP exhibitions?; How do I get to Gugging?; Can I come to help you?; Can you ask the Director about...?

(From conversations with Falling UP collaborators, after September 2016).

Examples of methods-in-practice during early Falling UP collaborations include:

Walking with others – (1.) with a nurse at the Royal Edinburgh Hospital, and (2.) with an occupational therapist at Rosslynlee Hospital; stimulated personal and professional memories of working-lives with the mentally ill. Our conversations were a form of *reflexive-interview*. Overcoming personal stigma, both collaborators revealed hitherto un-declared mental illnesses, reflecting on their own recovery-process, and the consideration of art as a means to understanding these. Both collaborations were conversations represented through transcripts printed onto tactile papers. It was agreed that being together in these significant spaces should be documented at-a-distance, by an unseen Falling UP photographer.

Fictive-based reality object – In collaboration with a comic book artist, I was asked to *take him to Gugging* by recording my activities there, *as if he were photographing me*. Subsequently whilst in Gugging, RA1 took intuitive photographs of my activities, which I emailed daily, for the comic book artist to interpret as an unfolding *text-less* comic strip narrative exploring life in Gugging.

Falling UP collaborative outcomes using art-based methods ranged from *transcript as artefact* to *creative performance* (see Appendix D, p.434). Individually, and in combination, these art-based methods activated the multidisciplinary nature of Falling UP within collaborative embodied-artworks, which collectively presented a

conceptually organic visual lexicon, *a vocabulary* of advocacy. This lexicon was a form of validation and explanation, creating *new* knowledge from our composited-*findings* to co-experienced creativity in the context of our differences. Collaborations infused our *double-experience*, incorporating diversity and collaborative value within Falling UP as a discontinuous *research* team of comprehensive interdisciplinary expertise and insight; fulfilling what Poth (2018, p.88) calls, ‘research as a social activity’. Learning from collaborators’ *imaginative-worlds* informed Falling UP’s methodological operation in Gugging.

Resultant collaborative-outcomes also embodied experts’ analytical accounts into discrete segments of my research data from Gugging, derived using Falling UP techniques; enabling what Roswell calls, ‘a lens for multimodal meaning-making’ (Roswell, 2011, p.332). My contribution of autoethnography fitted the composite of *what* I am, *where* I have chosen to be, and *how* I am doing what I am doing. Autoethnography contextualised my self-narrative as it functioned within the environment and social context I was exploring, and in which I was living. Anderson (2006, p.374) describes this as a framework of analytical autoethnography, where the researcher is a member of the research group having presence within the text, seeking to improve theoretical understandings of a particular social phenomenon. This method permits *interventionalist* approaches, and gives voice to those on the margins of society, ignored and relegated to the status of *non-persons*, due to their *otherness*. I have experience of working with mentally ill people, who are those *others* and also *outside* beyond the margin. Falling UP operated on both sides of this margin, as insider-outsider *and* outsider-insider, in a coupled-locus of operation.

Denzin (2014, p.56) maintains that no person’s story about experience can ever be a solo production, rather it evolves as a socio-cultural collective narrative. He believes that, ‘To understand a life, the epiphanies and the personal-experience and self-stories that represent and shape that life, one must penetrate and understand these larger structures’ (Ibid); and notes that structures supply languages, feelings, philosophies, assumptions, and communal experiences that precede stories. The author (Ibid, p.57) holds that a story is invariably, ‘an interpretive account’ and asserts that all such accounts will be biased because of the storyteller’s subjectivity. And as such, Denzin states that often the storyteller behaves as if they, ‘made his or her own history when,

in fact, he or she was forced to make the history he or she lived' (Ibid). Denzin's evolution of a *social-cultural collective narrative* mirrored the development of Falling UP with its own aggregation of life experiences and professional disciplines, collectively deployed on our mission of advocacy. Its collective-base assisted my preparations for the conceptual-targeting into Gugging's infrastructural functioning and the agendas across departments, in relation to culture and wellbeing. Being made to live the *history* afforded to you, *is* the reality for patients whose circumstances are outwith their limited agency, and controlled by the trajectories of health treatments. The reason Falling UP collaborated was to give practical insight into Gugging's own historical journey of collaborative-agency, where its actors and participants helped make their own histories. Whilst autoethnography has been an enabling methodology allowing me to be situated and interwoven within the research, for Falling UP's collaborators their artefact-analogies obviated reverting to professional classificatory mode, as their imaginations were to play a significantly different role.

Denzin (Ibid, p.26) cites Conquergood (1985), who maintains that people enact culture through their expositional performative processes; and these performances in the context of, 'slave culture and other disenfranchised people' (Conquergood, 1998, p.28) can expose ethnocentric textual practices that, 'forcibly excluded (them) from acquiring literacy' (Ibid).

Denzin (2014, p.26) citing Saldana (2011) notes that the shift towards performance makes the case that we should be studying, 'persons as performers, and cultures as performative or ethno-dramatic accomplishments'. Gilroy (1991, p.37) who has chronicled and challenged the ethnocentric bias of British cultural studies since 1982, documented and recounted that the repertoire of, 'performance practices', which formed the basis of this counterculture where political discourse, 'was played, danced and acted, as well as sung and sung about...because words were never enough to communicate the unsayable' (Ibid).

Falling UP collaborations proceeded within *commutual open-dialogues* of co-learning through *symbiotic mutualism*, as collaborators crossed boundaries of vulnerability, experience and knowledge. Sites of *open-dialogue-interview* and artistic-process primarily took place in my collaborator's physical domain, where I would become the

intervention and they became the *artist*. This corresponded with my decision to use interview as a primary tool in Gugging, informed by Pink's (2015, p.93) theory of *place as generated by interview* and a sensory paradigm that was beyond interview, *solely* valued as special conversation. She highlights, 'the narrative of the interview, as a process through which verbal, experiential, emotional, sensory, material, social and other encounters are brought together' (Ibid).

Thirty-two Falling UP collaborators helped me to develop and synthesise multiple professional interpretations as to how art-process could help to restore lives and forge identities of recovery. Falling UP embodied Poth's (2018, p.7), 'coalition building' among its participants' understandings and autonomy of contribution. Collaboration outcomes were *artefact as knowledge*, enhancing participants' own resilience through personal agency in creating art that embodied their narrative expressions. The heuristic nature of Falling UP's multiple collaborative art practice as reflexive research methodology, was bias-checked by its professionals' expertise. Altogether reflecting what Mihalache (2019, p.138) terms:

...a plurality of voices, in order to cover as many facets of the experience researched as possible - the voice of the researcher, those of participants named *co-researchers* in heuristic inquiry.

Mihalache deems that data collection begins with the researcher experiencing the heuristic procedural stages of, 'self-searching', and accessing comprehensive self-authored writings and other created-artefacts (Ibid). I deployed Falling UP as a *heuristic device* to facilitate multiple understandings of the Gugging concepts of community and mutuality. These were accessed through Falling UP's investigative explications of *art, mental illness and recovery* and then embodied in its artistic tropology. According to Méndez (2013, p.281) citing Ellis and Bochner (2000), and Maso (2001), autoethnography can variously encompass research into personal experience of a specific research-process; the side-by-side examination of both researcher's and participants' experiences; and the researcher's own experience of conducting a discrete research project. Falling UP had the sensation of being on both-sides-of-the-fence simultaneously, where participants reciprocally experienced mutuality-in-action, traversing professional and experiential borders, as Falling UP

evolved to simulate Gugging's concept of *und die Welt*. Collaborators were supported to function within duo and autoethnographic practices of advocacy. Regarding experiential modalities, Fenner (1996, p.41) states that, 'placing emphasis on my experience of being, rather than how I reflect on this *a posteriori*, allows me to know (experience) the shifting boundary of my awareness'. She believes that apprehension in a non-experiential way suggests *already* being in a secondary process of cognition about a phenomenon. Fenner (Ibid) considers that to focus on the, 'essential experiencing state' confers the inherent value of being a fundamental resource. My own ethnography within *art, mental illness and recovery* incorporated the examples above, and resonated with the core investigative processes of heuristic enquiry outlined by Moustakas (1990) as self-dialogue, tacit-knowing, intuition, and an internal frame of reference. These *forearmed* me to address and understand the unfamiliar systems and structures of Gugging, and to integrate them into what I already knew, through recognising similarity within difference.

Falling UP's development as art practice and methodology preceded my PhD studies. Its initial operation supported my own recovery with family-collaborators, followed by working with interviewees for my MFA. This became Falling UP as a concept. Preparatory work towards my PhD proposal was facilitated through Falling UP, and my early impressions of Gugging were derived through personal research between 2014 and 2016, which subsequently informed Falling UP collaborations.

The first public display of Falling UP introduced its advocacy for Gugging in the Fire Station Creative, a new art-centre in Dunfermline in the region of Fife, Scotland. Falling UP 1.0 comprised twelve unique collaborations on the theme of art, mental illness and recovery, and was officially opened by Professor Richard Demarco. During its month-long exposition in December 2016, three thousand people saw Falling UP collaborations, and its audience demographic was gallery visitors and café-culture. The variety of scale and media, mixture of artefacts, and their physical positioning throughout the gallery space, in addition to context and themes, generatively induced explicit and revealing conversations with the public. These broadened my comprehension of how others experienced mental illnesses. The majority of visitors read collaborators' transcripts of experience all the way through, and for many visitors

there was a trend to find an artwork and stand with it for a long time. Because I was in the gallery-space every day, visitors would ask me about Falling UP and the collaborations. Listening to visitors, anger was a predominant mood, and their message was that *mental illness is life consuming*; and they hoped for some counterfactual future to the way things were at present. Both the collaborative-process and public exposition of Falling UP 1.0 corresponded to Roswell's (2011, p.332) belief that, 'artefacts and the stories that they sustain hold promise as a research tool to access information that might not be possible through observation, document analysis, even interviews'. Falling UP had metamorphosed from exhibition to exposition through its engagement with the public, almost immediately.

Subsequent iterations of Falling UP (2.0, 3.0, 4.0 and 5.0) moved beyond the exclusivity of a gallery setting, into domains that extended its audience demographic. All of those first artefacts from Falling UP 1.0 carried over into other venues, allowing them to exist and articulate in new contexts and spaces, changing both the objects themselves and their new environment. The number of collaborators grew through those visitors who were drawn to participate in Falling UP's advocacy; thus, new collaborative outcomes emerged (see Appendix F, p.450).

3.5 Negotiating methodology as third sector intervention - Falling UP at Silverburn

Fruitful connections with politicians resulted in MSP Alex Rowley introducing me to Joe McGuinness, the Fife Council Regional Area Manager and chairman of Fife Council's Local Community Planning Partnership group (LCPP). Rowley was aware of my residency-projects in Glasgow with recovering addicts (Phoenix Futures - 2015), and mentally ill patients (Project Ability - 2018); in addition to my research visits to nine prominent third sector organisations that provided therapeutic art in healthcare for NHS Scotland. Rowley encouraged me to evidence the value of third sector process in relation to aspects of Gugging's process, by my devising a pilot-project to work with NHS clients. This was to connect the mechanism of Falling UP's philosophy of mutuality, collaboration and destigmatization; towards the hands-on involvement through participation of its collaborators. McGuinness invited me to become a part of the LCPP, and to make a presentation on Falling UP and Gugging to

the group's representatives from each of its twenty-two public services. I highlighted Gugging's process of *living in art* for its Residents with chronic mental illnesses; and declared my intention to facilitate radical change within therapeutic and social practice in Scotland. I contextualised my ambition and emphasised my story of family-recovery. Subsequent to this, I was encouraged to collaborate with the Senior Mental Health Promotion Officer from NHS Lynebank Hospital, who partnered me with Fife Employment Access Trust (FEAT). FEAT was a third sector organisation able to provide me with the means of working directly with client groups, where I could pilot Falling UP within their existing organisation, which was already set up for Disclosure Scotland, and Risk Assessed. FEAT welcomed me, and facilitated my design and delivery of two pilots for client-focused, mentored therapeutic outdoor art collaborations with diverse groups of client.

FEAT was based at Silverburn Park in Leven, Fife, and offered an extensive woodland and seashore environment. Its infrastructure connected me to the existing support-schemes of *Journey to Work*, *Employ Your Mind* and *Phoenix Futures Fife*. Clients were designated *service users*, and comprised school-truants, people with physical disability, people with learning disability, people with mental illness, and people with addiction. FEAT educated and assisted me in Risk Assessment Procedure, and supported my membership of the Protection of Vulnerable Groups (PVG) Scheme. This opportunity became a personal case study to understand third sector set-up, operation and evaluation. More importantly, testing my methodology *in action* was relevant to my exploration of Gugging's systems of delivery, and its structural practice in the destigmatization of vulnerable people, as Residents operated within a socially integrated community, albeit this could only be temporary for Falling UP in Silverburn.

Christening the project *Falling UP Silverburn*, I employed an implementation that connected Falling UP's values of inclusion and shared activity, where service user-collaborators would be mentored by myself and Falling UP collaborators. The core-activity of group working would source deadwood to construct wooded-stags in woodland and on the seashore. This was designed to echo my own process of recovery in nature, and the origins of Falling UP as a relatable family-initiative on an accessible level. The activity encouraged clients to generate self-agency in action through what

Denzin (2014, p.41) calls, ‘subjects as performers are constituted in and through their co-performative practices’ (see Appendix G, p.453).

3.6 Field trips to Gugging and emic perspectives on its community

My first visit to Gugging was in April 2014, having been inspired six months earlier upon seeing Gugging Resident Johann Hauser’s drawing of *Queen Elizabeth II* in an exhibition called *Art in the Asylum*, at the University of Nottingham. Soon after this exhibition, I contacted the Director of Gugging to arrange a work-placement in the Atelier, as part of my MFA. After two weeks there, I decided to embark upon a long-term personal research project into Gugging, of which this PhD is a part. During 2015, I spent a short residency in Gugging as an invited-artist, creating an installation of a bevy of seven stags across the meadow between the HoA and the ABC. From September 2016, I embarked upon a 36-month-schedule of multiple field trips in order to experience *stretched*-access into the life of Gugging. I wanted to investigate the full range of special events, customs and traditions, the long-term development of its projects; and the very many different people, who made-up the Gugging *family*, its wider Gugging community, and those significant outsiders who played a part in its development.

By 2020, I had made twelve research visits across the seasons, participating in Gugging’s traditions and customs, and observing Residents’ creativity from blank sheet to exhibition and sale as artworks. My evolving apperception of the intricacies in its processes led me to focus on Gugging’s communal lifestyle, and the nature of its own longitudinal experience. Trust and understanding between myself and the subjects of my research grew through participative-ethnographic practice, and increasing access to the constituent factors of Gugging’s therapeutic community. The seasons themselves became a lens to interpret Gugging’s many scheduled, and unplanned, encounters with people from the outside, through *living in art* and *und die Welt*. I assembled continuous-methods to record *cause and effect* in Gugging’s different strategies as they unfolded within the lives of Residents, staff and visitors, to become an ecological self-regenerative community. Typical daily routines and activities were mapped and documented across the full spectrum of Gugging’s operations of art and healthcare. Post-visit analyses in Falling UP, often identified

unanticipated developments of relevance, stimulating follow-up targeting through triangulated data-gathering methods between Researcher and RA1. Key summative events pre-determined the timing of many field trips, whilst others were randomly selected to experience whatever occurred in the life of Gugging. These criteria conditioned the overall asymmetrical shape of duration and timing for my research visits. Each visit was arranged with the Director, and as a courtesy I would contact the Guardians scheduled to work in the Atelier. Between 2014 and 2019, I had experienced a longitudinal progression of life and work in Gugging that otherwise would have been denied in a single twelve-month block.

3.7 The role of Family in field trips, and creative investigative practice

As part of my chronicle of recovery, and my family's continuing recovery, my Dad has been a constant companion to me throughout Falling UP and my field trips to Austria. He was an art teacher for thirty-seven years, and always supported my interest in harnessing creative potential towards a purpose. At the onset of my mental illness, my Mum and Dad helped maintain a sort-of-stability, collective sanity, and my grip on life. When I returned to art school, my Dad helped me reflect as I re-formulated my life and found an art practice once more. Throughout my PhD journey I have retained his unique insight of being half-Austrian, as an initially unofficial research assistant. As a *colleague* during pre-research visits to Gugging, he was an essential reassuring presence with whom I could consult, balance, and contextualise my ideas. I realised that his perspective as the father of a son with mental illness might become in many ways, a second lens, a potential *double* perspective. Early in my PhD studies, my primary supervisor Professor Tracy Mackenna acknowledged the importance of my ongoing recovery as a family journey, and she recognised my Dad as a potential research method. Thus, my Dad became a *method*. Capitalising on this new *identity*, I integrated him into field trips as a research assistant (RA1), and assigned to him a range of tasks from *translation* to *intuitively participating in the life of Gugging* (see Appendix D, p.434).

Dad enabled me to triangulate my own position within recovery, recalling how others affected by my illness-behaviours could not understand *what* had happened, *why* it happened, and *who* was to blame. A key factor was that most people just weren't

interested. To them I was not part of their future. I was a *write-off*. Understanding *why* was important to develop my own position of advocacy, and hence the evolution of *family in creative investigative practice*. Being ill and needing to get out of the house undercover, we would spontaneously walk around together in local woodland, picking up sticks, then logs, then large branches, tying them together in creations that looked like nothing, but one time they did. The deadwood came alive as *Stags*. This was the origin of a methodological-practice for me, when I was ready for one. Thinking back to other inspirations in my life, I remember Richard Demarco, the renowned Scottish artist, who collaborated with Dad on lots of things. Richard always encouraged me and supported me as a friend, from when I was five years old. I can only imagine that his career and life of multiple international collaborations must have buried their influence deep inside my psyche. Ironically, I discovered my own *Road to Meikle Seggie* (Demarco, 1978) in Meikle Seggie during my illness, with memories of Dad having to keep stopping the car to allow me to pick up sheep from the road; trying to find a way to place them safely back in their field. I do not consider it fanciful to ascribe to Richard, my fascination in becoming a collaborator with many others through multiple-methods, not to mention my need to become a *shepherd* through Falling UP's mutualistic methodology in the field between Falling UP and Gugging.

Mum chooses not to think about the past, and the worst of my mental illness. Surprisingly, in 2018 she constructed a large doll (*Puppe*) representing a simulation of my identity-as-illness before my recovery. I took it with me to Gugging, and introduced the *Puppe* to the people and places, documenting its journey and others' reaction to it throughout Gugging's community. Mum's *Puppe* was re-purposed as a reflective method of creatively sharing her recovery-narrative of me, through an object of knowledge that distilled *her* experience and memory. It confirmed that mental illness needs to be *carried* on life's journey, and not kept out of sight. The *Puppe* contributed to my decision to transfer its more playful, softer presence in Gugging alongside the use of Likert scales and visual prompt sheet-surveys.

During field trips, RA1 and I worked in two ways. Firstly, operating together in parallel to cover concurrent activities, documenting and participating in the same location; and secondly, operating independently in different locations. The RAP (Rapid Assessment Procedure) method was used during field trips that were focused

on target-activities related to developing issues, and were planned to accommodate unexpected re-direction of investigation. An *interrelationship with other senses* (Pink, 2015, p.13) was stimulated and evidenced as we first created our art, in the closeness of the Atelier environment. There was both *reflexiveness* and a joint-reflexivity as our creative sensibilities engaged with those of the Residents, and vice-versa; through sensory-interference, and sentient communication that was aural, olfactory, tactile and visual. Collaborative methods evolved to interpret and distinguish patterns of personality and creative working-process for people, who could either use speech or not, be tactile or not, listen or not, be pro-active or not. Sometimes the pervasive odour of salami, a cold schnitzel-sandwich, cigarettes, or sweat (including ourselves) would complete a holistic vignette. In stark contrast to these open-ended collaborations that invited the unexpected and unpredictable, all pre-arranged interviews would be moments of physical separation. Although methods of direct observation and interview were of significant value, participant-observation was the key to gain entry to the Gugging community; installing what Kawulich (2005, p.26) calls, ‘clarifying one’s findings through member checks, formal interviews and informal conversations’, to see an accurate representation of a culture.

3.8 Equipment used to obtain data and conditions of data gathering in the field

Each observation, interview, participation, and collaboration was recorded and documented using a range of tools from pen-and-paper to digital cameras, audio-recorders, and smartphones. Each means of data collection performed an indispensable role, according to time-limitations, social and environmental conditions. My toolkit adapted to meet changing needs in the field, with some equipment proving their value, as others proved inadequate through lack of versatility, obtrusiveness, or fragility in certain environments. Throughout my research journey, Falling UP in Scotland trialled equipment for deployment in Gugging. Particularly effective, was piloting the pressured pace of simultaneous and rapid-sequential data capture, and the process-journey of participation, recording, upload, and storage. On acquiring new equipment, I arranged consultations with Falling UP technical professionals, and tutorials on advanced features. Nonetheless, operating in the field, it became inevitable that self-training and improvisation were the most effective and preferred learning methods. Learning-in-action, I was able to make mistakes and simply follow on, to

learn the best adjustment, which suited my temperament, because I find handbook learning unrealistic. A process of learning-by-doing was potent when generating still-image, video, and audio, together simultaneously across several devices in order to triangulate during any particular observation (see Appendix D, p.434).

I found that art-based methods of capture, where Residents worked on art or domestic activities, provided connection to my life as much as research purpose. Studies using ethnography and subjective insight, according to Kisfalvi (2006, p.118), ‘can be an intensely personal experience, and also one that can have important methodological implications’. The author posits that ethnographic case study is, ‘an inherently subjective and emotionally charged method of inquiry’, because of the continuous association and proximity to subjects. This corresponds to my research experience inside Gugging’s community, and relates to Jones (1968, pp.85-86), as cited in Kennard’s (2004, p.296), and his notion of conditions within a therapeutic community that offer, ‘a change in the usual status of patients’. Kennard (Ibid) calls such communities a, ‘living-learning situation’, where daily life offers opportunities to test new ways of coping with difficulties. Indeed, working within Falling UP collaboration and research in Gugging both provided such opportunities between each and myself. Operating artistically together, psychological crises did occur, but became a joint-learning opportunity. This engendered in me a sense of emancipation through investigative purpose, as each participant was as interested in me as a person, as I was in their personhood.

Every day in Gugging I devoted time to create art in the Atelier. Art then became the methodological key to open a liminal space situated *in* art practice between Residents and myself; and subsequently ever more closely, through Falling UP Gugging art collaborations. RA1 constantly made portrait drawings of Residents and Day Artists as they worked, gaining physical and psychological proximity to them. On developing mutual friendliness, RA1 always gifted these portraits to subjects. Quickly accepted as a welcomed recurring-practice, over time RA1 perceived identities and individualities, nuanced behaviours and art practices, to effectively document individual developments in both creativity and health. In their proximity, I too could perceive unique identities, as I was drawing, painting, or building a collage; and more

so, when I worked collaboratively. Myself and Residents, *I* and *they*, was to become *we*. Being with the Residents helped re-discover in myself something I thought long gone – the efficacious sensory experience of working with physical art materials was re-instated in my lifestyle, as a counterpoint to thinking too much and over-hypothesising. To those in Gugging there was more to me than being the-man-with-the-camera. I became known as *Drew the artist*, and RA1 as *Professor Rab, the teacher*. I could now register, and picture the importance of these micro-moments in the Resident's lives, which spiralled into tens of thousands of hours over the years facilitating their social and artistic re-creation from patienthood to being an artist. At the same time, with their acceptance of me as an artist with notebook in hand, camera and tripod, I was making art and using researcher tools. Having become part of the social fabric, informally engaging with Residents, Day Artists, and staff, I was able to construct connections, in addition to formal data-gathering and interview. I could examine identities, behaviours, and lifestyles within the HoA *family*, and the wider Gugging *family*, that were likely to have remain un-accessed, were I relying solely on formal means of inquiry.

My research was guided by a diary-schedule of events, activities and interviews, deploying equipment-combinations across different locations and circumstances; but augmented by unplanned interactions and occurrences for unscheduled research opportunity. In preparation for recording my response to these micro-moments, I conditioned myself by simultaneously note-taking during my collaborations with Falling UP in Scotland. To employ the least obtrusive, best method of making an intuitive record, note-taking became the most effected accessory to circumstance-specific equipment across all research procedures, inside and outside Gugging. I could doubly observe research subjects using formal methods of data acquisition, and in sight of subjects also use the more humanising sketchbook and pencil. However, for all interviews and Atelier observations, both audio and video-recorder were the tools prioritised to comprehensively document the subjects' unique individual environments, their body language, and the environmental sounds specific to their role. Making my notes and comments, I initially used longhand but too much of what was said was missed out. Thus, I promptly developed a shorter-form to speedily capture themes and expressions using symbolic-words separated by rhythms of forward-slashes. This compensated when interviewing fast-speakers. Continuous

practice identified initial trends, themes and patterns, which stimulated supplementary questions.

Although my methodological procedures had long become commonplace, and *almost* invisible, the natural curiosity of a minority of Residents and Day Artists, persisted through the years. Although occasionally anxiety-inducing in me, it had become fun, like a game of role-play, *peering over my shoulder* or asking, *what are you writing about?* My expected, standard reply being, *these are private notes from an interview with Director Feilacher*. Sometimes, experiencing anxiety I would speedily close my sketchbook sensing an approach.

3.9 Organisation of Appointments

The majority of interviews were pre-arranged prior to research visits; and arrangements for new, or returning staff, were made on arrival taking into account their professional duties. During each visit, I developed a degree of anxiety when approaching three particular members of staff with abrupt and assertive personalities, who presented what I interpreted to be an insensitive, dismissive manner. I would experience an uncomfortable feeling that I was disrupting their duties, in spite of the fact that the Director would have informed them of my purpose and schedule in advance. This experience was atypical to all others, who were extremely friendly with open personalities, and immediately respectful towards my interview requests. Nonetheless, I always persevered to make interview-arrangements with all three. Although RA1 never perceived those particular staff in that way, I rationalised that despite my conditions, my experience of those three staff was accurate.

On the rare occasion of an appointment being postponed, staff always offered alternatives. In contrast to staff, all interviews for Residents and Day Artists, required *ad hoc* arrangement, and were often likely to be conducted immediately. These were condition-related arrangements to accommodate individual emotional needs. My timetable for all activities in Gugging necessitated such flexible attention, which I came to enjoy.

Director Feilacher was allocated five hours of interview-time during each research visit. This was due to his historical contribution to the development of Gugging, his key perspective as a self-taught artist and psychiatrist, and his long-term inter-relationship with three generations of Residents. A longitudinal interview-schedule facilitated a continuing dialogue over six years; and his roles within Gugging's system were observed on an unplanned principle. As a courtesy, I emailed my specific research themes for each visit to enable the Director opportunity to prepare supportive archival material or artefacts. Similarly, I would contact the principal Guardian, to inform them of my schedule and logistical needs of the Atelier. Using the analyses of a previous visit I would construct summative data visualisations. I would also provide an update of Falling UP advocacy of Gugging in Scotland.

Apart from the Director, other key members of staff were interviewed at least once during each research visit (see Appendix D, p.434). Meeting a wide variety of people in different locations beyond Gugging, tested my ability to capture every relevant aspect of an interview or art collaboration within, a special place. For example, in the studio home of German performance artist Hans Langner, every visual aspect seemed relevant to his immersive life as the Birdman. Should it be edited out? I decided no. Or, being in the southern borderlands of Austria, I came to know what *off the grid* meant at Gerhard Roth's *writing* cottage and the implications of no electricity to re-charge equipment.

Time spent in Gugging connected artistic experiences with data gathering methods. Practice-based research methodology accessed techniques and processes of art-making within institutional and sensory ethnography, to create sites of communal joint-activity in liminal space. And participatory research techniques permitted me to design and implement bespoke tools to investigate experience of Gugging and Falling UP from within, through immersive integration. This achieved what Aldridge (2016, p.132) identifies as participatory research's important role, 'in facilitating individual voices and stories, especially when such voices are more likely either to be overlooked or silenced in conventional research studies'.

3.10 Approaches within methods of interview, observation, participation, and collaboration

The aggregation of arts-based assistive-approaches positioned me to observe Gugging's community as if I lived and worked there (see Appendix D, p.434). I could engage directly in anything at almost anytime, anywhere in that environment. This *enabling* collection of methodological approaches existed with me, within a *liminal* framework as researcher-observer and active participant; continually learning; finding inspiration through what Moustakas (1990, p.9) describes as the quality of heuristic inquiry, and:

...a process of internal search through which one discovers the nature and meaning of experience and develops methods and procedures for further investigation and analysis. The self of the researcher is present throughout the process, and while understanding the phenomena with increasing depth, the researcher also experiences growing self-awareness and self-knowledge.

As a participant-observer in the Atelier, I was just another artistic component in relation to the Residents as they worked, and a part of their structures and daily routines. This was critical to perceive their lived-realities in a socially integrated system of art and healthcare. I documented vacated Atelier workspaces containing personal equipment and objects, in a typology of photographs. Collectively viewed, these revealed intricate layers of behaviour and human-presence through objects that embodied stories, echoing Roswell's (2011, p.334) consideration of the potential for objects to, 'signal essential dimensions of lived realities'.

I created short interactive art-based methods to survey Residents' creativity and playfulness in unfamiliar activities. *Mark-making* used lettering-blocks and ink-pad to allow participants to print images for each letter, to make a word that defined Gugging for them. *Question without words* used photo-elicitation with images of participants in situations or environments, inviting their reply to *what do you see happening here?* Such methods profited as a by-product of participants' natural proficiency with symbolism and imagery; allowing their creative *imprint* within the data. Going one step further, Falling UP Gugging explicitly empowered personal creativity to become the method for a number of spontaneous collaborative activities. Two lengths of colour

ribbon, each five metres long, were held at both ends by myself and a Resident, or Day Artist, with no instructions beyond my initial flicking of the ribbons to invite a reaction (see DV 10, p.211). Every time this activity between myself and each participant took place, very different ephemeral performative acts took visual shape, which RA1 would photograph from a distance. *Gugging as sanctuary* engaged Residents and Day Artists individually, in the Chapel of Holy Joseph, to sonically improvise their definitions as part of a soundscape for Falling UP 4.0 in Dunfermline Abbey (see Analogue slide 23, p.195).

An ethnographic stance provided the means to chart the *process* and *product* of Gugging within its four infrastructures and through the two-processes. Falling UP's professionals from art and medicine, through collaboration and personal re-creation in artefacts, exhibition and dissemination expositions, re-embodied Gugging's process and paralleled Becker's (1982) research pathway. Whilst Becker investigated the art-process as a *chain of events* from the conception of a work of art to the critic's review of that artwork, Falling UP was a designed hermeneutic process with experts' sub-specialisms in the field of art balanced by medical professionals; in order to research art, mental illness and recovery as experience. Since first visiting Gugging I became more able to *think through things*, as the Residents' *artefacts* and objects began to personate them by proxy. This way, identities were fleshed out, expressed and *completed* by many such extras; Max's *cadged* cigarettes, Karl's palm-sized pictures for sale to all and sundry, Erich's *ritual of the teapot* generously offering cups of tea for all, and Jürgen's invention his latest starship. I too, had my *things of significance*, to show or give. For the Residents and me, these things provided incomparable personal exchanges that resulted in authentic connections.

Sensory ethnography was conducive to investigating Gugging's uninhibited communal arrangement of *lived and accessible* activity across its commutual departments that connect the Residents' lives to society. Pink (2015) defines this liminal experience as *sensory and bodily presence*. Multiple methods provided holistic data of Gugging's *system*, in which all research participants *co-produce* their community across contextual relationships within the HoA, the Atelier, GG and MG. Individual participants' lives and identities can be disentangled, according to artistic and social function within collective mutual purpose, respect and value. This

connection between people and the space they share, re-imagined and re-invented in a *placemaking* strategy, provides the context for all data from ethnographic process.

After twenty years of visiting Austria, I was not surprised that nearly everyone in Gugging and elsewhere had highly developed English-speaking skills. Only two out of twenty-two Gugging staff and five of the older Residents had no English, requiring on-the-spot translation. This was addressed through the language skills of RA1 & RA2, and my many Austrian friends. My engagement through art-process and art was characterised by the immediacy of all participants' *condition of being*, which needed little translation, as creative-practice and art would speak their own language.

3.11 Ethical procedure proforma

In consultation with Eileen Adams, an internationally renowned professional researcher, innovator and campaigner, with four decades experience in the field of art education, I co-designed a proforma for research participants to signify their consent to involvement in my PhD research study (see Appendix E, p.447). Outlined in this participant consent form, was the statement that all data gathered could be used for academic purposes, and include dissemination relating to the research question, as described in my research proposal. The consent form was translated into German by a native German speaker into two versions for use in Gugging. One version was for use with participants with learning difficulties, and the other was for those persons' representatives, in addition to all other research participants. The consent form notably disclosed the intention for data to be used in the context of exposition within the form of my practice-based element, Falling UP; and that participants could review the ways in which they were being represented. Sample data was selected to show and illustrate how participants were represented, and this was also viewed by participants in the form of stills, video, along with actual Falling UP artefacts and artworks. All research participants, including each Resident and their representative, consented to their full names being used in the research. The Residents are renowned as artists across the world and to be identified by name in this research has been deemed acceptable by Gugging. Previous research into Gugging has identified Residents by name. In 2016, I submitted an application to the University of Dundee's Ethics Committee, which was approved.

3.12 The methods of data analysis – Content, Discussion, Narrative, Participatory, Arts-based, and Data Visualisation

Data analysis strategy, methods and tools

During my research investigation all primary data was generated through observation, interview, visual prompt sheet-survey, participative-practice, and art-based activities. All secondary data derived from documentation, publications, and online sources. Data from all sources was primarily qualitative, some of which came through art-based outcomes. Quantitative numerical data was derived from archive information on exhibitions, artwork sales, historical lists and events, in addition to observations of the habitual behaviours and repetitive working practices of Residents. Analysis techniques used to categorise, collate and compare all primary and secondary data were: chart, checklist, coding, expert-opinion, fictive-artefact, graph, infographic, data visualisation, mapping, photo-elicitation, photo-essay, profile, scale, Venn and spider diagrams, table, typology, vignette, art-process, and artwork. My strategy for analysing data was structured to deploy concepts of Content, Discourse, Narrative, Arts-based, Participatory and Data Visualisation analyses.

Each of the methods of analysis was used individually and in combinations to collectively furnish a topology of *being* for Gugging's processes. Analysis looked for explanations, reasons, causes, influences and generalisations, and used a primary process of induction to develop a new theory grounded in the data. I shall describe the key factors of relevance to this study for each analysis method deployed; and follow this with an indication of their application during the research process.

Content analysis

According to Maier (2017), Content analysis is typically used as a method in communication research into media and popular-culture studies. It is a quantitative means of classification and description, for documents and communication artefacts of various formats in picture, audio, or video. It identifies recurring patterns of ideas and concepts from the physical characteristics present in images, enabling comparator data to describe or explain communication modalities. Content analysis is an effective process to analyse very large numbers of images across a wide range of sources, from

first-hand imagery to second-hand documentation of the modalities of the photographic images themselves. Rose (2016, p.104) reports the key characteristic of Content analysis to be a method of coding with, ‘validity and replicability’, outlining its contribution in providing unequivocal structure to process images from a database of photographs. However, she notes the limitations of its distance from the physical context depicted in the image, which does not permit the researcher to engage reflexively (Ibid).

Discourse analysis

According to Siegel (2018, pp.524-525), Discourse analysis is an umbrella term for the study of the usage of language. He notes that as a form of analysis it covers in particular, styles of linguistics and rhetoric, the cognition of those who speak and those who listen, and the social contexts for language. Data derived from this method may be through formal and informal conversations, in personal or institutional circumstances, and in verbal or written form (Ibid, p.525).

Rose (2016, p.192) differentiates Discourse analysis into two separate, ‘specifically, Foucauldian notions’ and entitles them *discourse analysis I* and *II*. She delineates the use of *discourse analysis I* in the interpretation of a diverse variety of both visual and written textual materials. She states that it is mostly associated with the site of the image, but can refer to its site of production, and to the audience for the image (Ibid, p.218). Rose considers *discourse analysis I* to be, ‘particularly strong at exploring the effects of the compositional and social modality of images’ (Ibid). She outlines its effectiveness in the scrutiny of images, discursive formation, and inter-textualities in relation to power and knowledge within social difference; whereas *discourse analysis II* focuses specifically on the material practices of those institutions, and issues of power, regimes of truth, rather than verbal texts and images (Ibid).

Narrative analysis

Sharp et al (2019, pp.877-878) believe that stories and storytelling are essential to human experience, helping us to find both meaning in our lives, and to discover significance in its events. The authors regard narrative enquiry as especially suited within the health and social sciences, to comprehend individual perceptions of life-

altering experience, such as, ‘change to health, adaptation to or to living with disability, trauma, non-normative events, ageing, and so on’ (Ibid, p.878). As reported by Parcell and Baker (2017, pp.1069-1072), Narrative analysis is a method to frame, then understand and explain the stories of everyday life. Citing Rosenweld and Ochberg (1992, p.1), Earthy and Cronin (2008, p.423) credit Narrative analysis as disrupting the conventional norms of social scientific analysis, to re-focus on the actual creation of narrative, and its role in the social formation of identity; believing that, ‘personal stories are not merely a way of telling someone (or oneself) about one’s life; they are the means by which identities may be fashioned’.

Plummer (1995, p.19) scrutinises the development, structure, function, and reception of stories through the lens of, ‘symbolic interactions and political process...the work they perform in the wider social order, how they change, and their role in the political process’. Lieblich et al (1998) as cited in Earthy and Cronin (2008, pp.432-433), indicate the two processes of Narrative analysis that meet and cross the same subject and event, as the *unit of analysis* (categorical & holistic) and the *focus of analysis* (content *versus* form). Sharp et al (2019, pp.861-862) consider the complementary use of Narrative analysis with *paradigmatic analysis of narratives*, to provide valuable insights for different purposes; that whilst the methods of Narrative analysis uncover the constructed-story of an individual, *paradigmatic analysis of narratives* employs induction and deduction, to pick out themes of similarity and difference between stories.

Arts-based analysis

According to Ellis, Adams and Bochner (2011, p.277), autoethnographic researchers often incorporate arts methods and genres like poetry, photography and creative fiction, in order to, ‘produce aesthetic and evocative thick descriptions of personal and interpersonal experience’; and to afford comprehensive-access to those experiences by giving meaning through cultural forms. Kara (2015, pp.117-118) finds that the analytic process could be enhanced through the creative processes of the arts; and cites Lapum et al (2011, p.104), who used arts-based methods to analyse their patients’ stories of physical and emotional experiences after open-heart surgery. Using patients’ key words, phrases and ideas, the authors (Ibid) developed concepts for photographic

images that could become illustrations for the stories. During a second phase, Lapum et al (Ibid) refined the imagery and texts to further analyse stories by focusing on patients' experiences of emotional and sensory processing, and multiple meanings of their experiences through, 'a process of iterative dialogue, systematic inquiry, visualisation, concept-mapping, and metaphorical interpretation'.

According to Aldridge (2016, p.122), in participatory research, particularly on emancipatory levels, analytical roles are either collaborative or self-organised; that is, they are adopted and undertaken by the participants themselves, or in partnership with academic researchers. Archibald (2018), in Poth (2018, p.225), uses her multifaceted roles of nurse, artist and mixed methods researcher to examine, 'the intersections of interdisciplinary teams through integrative thinking'. She considers to be frequently neglected the ways individuals build and assign meaning, 'to their experiences in complex adaptive systems' (Ibid). To address this the author builds in, 'various arts-informed and arts-based methods, such as visual elicitation and reflexive art-making' (Ibid); alongside more traditional methods, in order to counter often-*unquestioned* clinical indicators of wellbeing. Archibald notes scant guidance on blending arts and mixed methods research, even though each has similar ontological and epistemological inclinations in their acknowledgement of, 'inter-subjectivity, and a dialectical approach to knowledge production' (Ibid).

Visual analytic techniques

Kara (2015, p.107) describes the effectiveness of diagrams and maps to data analysis, to assist the researcher to visualise ideas, connections, and relationships across data. The author (Ibid) cites Strauss and Corbin (1998), to point out the relevance of visual techniques in data analysis for grounded theory, and their usefulness to stimulate imagination and creativity in researchers' conceptualisation process. Buckley and Waring (2013, p.152) declare that the use of visual techniques assists the researcher to comprehend, 'relationships that may not have been previously explicit'; and in this way such methods play an active role in the production process for theory, whilst also contributing, 'clarity of thought'. Rose (2016, p.334) refers to Grady's (2011, p.495) indication that visualising data is a skill, which is indispensable to social researchers because it permits them to profit from what Grady calls, 'the cognitive competency of

the eye’. Citing McCandless (2012), Rose (2016, p.335) further asserts that both, ‘information is beautiful’ and at the same time *beauty* could be brought into play as she refers to McCosker and Wilken (2014, p.155) and the, ‘explanatory power of beauty’.

Participatory Research analysis

Whilst objectivity is a necessity for data analysis, and that additional academic perspective and expertise from a third-party academic can provide further objectivity; Aldridge (2016, p.123) considers it is also reasonable to encourage the research subjects themselves to contribute to the research process. The author notes that participant analysis techniques permit, ‘a more flexible, as well as intuitive, approach to understanding and *reading* research data’ (Ibid), that can foster collaborative or closer working relationships, which in turn support participants’ appraisal and impressions of data.

Citing Aldridge and Sharpe, (2007, p.7), Aldridge (2016, p.125) declares that although both narrative appraisal and Content analysis were usually deployed as discrete procedures they were, ‘not mutually exclusive phases in the research process’. Aldridge (Ibid) states that to classify and measure the content of qualitative data thematically can be profitable to research using mixed and multiple methods that generate large datasets; and operate a, ‘multi-dimensional analytical approach (thus for both participant-researchers and academic researchers to engage in analyses, either together or separately)’.

The author (Ibid, p.126) declares that, ‘thematising, coding and even counting’ are all part of the management of data, and the subsequent, ‘telling *the story* of the data’. Within participative research, the participant not only performs the duties of data production and analysis, but also determines *who* tells the story of data, in addition to *why* and *how* stories are told (Ibid). Aldridge, points out that the privilege of the participant-researcher within the process as both subject, and to varying degrees the analyst, has implications in the interrogation and interpretation of visual data and, ‘the efficacy of the method itself and the roles and positioning of the participants in the data and research processes’ (Ibid, p.127). Yet, according to the author, without

participant contribution in a research study that was designed specifically for their involvement, collaboration, opinions and singular voices, ‘including their reflexive and analytical voices’, there would be, ‘a very real danger that a different story might be presented from the one originally told’ (Ibid, p.132). Aldridge believes this to be even more important, when those participants are vulnerable, marginalised or overlooked, and exhorts that their narratives should be:

...sought and presented (and represented) fairly and faithfully, especially because these groups are more likely either to be overlooked in (conventional) research or to be included in ways that is inappropriate or ineffective (Ibid).

The application of methods of analysis during this research was frequently made in *composites of techniques* to comprehensively target each of the research sub-questions and wider issues. For the most insightful and penetrating analysis, whilst in Gugging the Researcher, RA1, RA2, and Falling UP experts conducted methods individually for ethical balance, bias check, and wider scrutiny. Where appropriate, each assistant teamed with the Researcher to introduce different professionalisms, practical experiences, or skill sets. The aim was to provide multiple analyses for sources of evidence to answer the research question. The primary contribution by Falling UP experts to my process of analysis has ranged from *critical scepticism* to *suggestions for additional areas of focus in a research visit to Gugging* (see Appendix D, p.434).

As cited by McNiff and Whitehead (2011, p.12), Reason and Bradbury’s (2008) typology of research categories, according to first person; second person; and third person; related to Falling UP research methodology in the following ways:

- *First Person* = Research sub question 3 + Falling UP as art practice through expositions
- *Second Person* = Falling UP collaborators + elements of Falling UP Gugging and Falling UP Silverburn
- *Third Person* = Falling UP advocacy through Falling UP art practice & expositions + Falling UP Silverburn pilot-process

Falling UP discourse through public art-interventions and Falling UP Silverburn within public healthcare; diversely contributed a methodology to elicit personal and

professional participative-analyses from mentally ill patients, NHS providers and staff, politicians, private & public patrons, members of the public, and Falling UP's own experts. These bespoke qualitative and quantitative-style of *analytical methods in action*, were progressively tested within the discursive, collaborative-processes of Falling UP in the field of *advocacy through intervention*.

Taking analytical groundwork into account, these tried methods were deployed during *follow-on* research visits to Gugging; then on return to Scotland, Falling UP provided a *triangulation* of approaches to discursively interpret discrete and combined forms of data derived in Gugging. As a collective of professionalisms, Falling UP experts were able to recognise and interrogate the primary roles of Gugging staff, as well as their less apparent functions, to discern their contribution within Gugging infrastructures and processes.

Gugging's *creative, evolving* and *emergent* processes were apposite to Falling UP collaborators' own functioning and operations as action research. As a facilitating process, Falling UP specifically used non-art venues to promote geographical and psychological fluidity, to avoid cultural assumptions associated with art exhibitions. This approach set up an audience demographic of plurality, with open-ended, one-to-one enactments towards opportune understandings and unique analytical contributions by visitors to each exposition.

Relational and *empathetic* values according to Dadd (2008), as cited by McNiff and Whitehead (2011, p.29) are important to mutuality. These values reflexively addressed my own psychological needs and contexts when I worked with others, and in turn, my anticipation of the needs of my collaborators and research participants.

Mutuality and understanding were conducive to Falling UP advocacy with politicians and health managers, when developing the pilot project Falling UP Silverburn; and even more so, whilst using the project itself as an analytical tool in the field. To varying degrees, Falling UP collaborators required encouragement to switch from their professional roles in order to create art that embodied relational and empathetic values as discursive analytical methodology. That non-artist medical professionals in Falling UP could communicate their inquiries into mental illness and recovery through

their own art, is part of Falling UP's expositive *method* and *message* to Scotland's psychiatrists and politicians. The efficacy within collaborators' role-switching behaviours echoed the redemptive lifestyle achievement of the Gugging Residents.

Using a range of Content, Discourse, Narrative, and Arts-based analyses, each single Falling UP collaboration provided a *coherent text*; whilst Falling UP expositions formed a *series of related texts* that represented both affective and dialectic outcomes stimulated by data derived from Gugging's processes.

Each collaborator created their account visually, within dialectic consensus or non-consensus with the Researcher. Expositions facilitated a group-response, in which each artefact became a *heuristic analysis* within the collective statement of individual *coherent texts*. Falling UP collaborators comprised a sufficient spectrum of professional expertise, to compare mental health treatment options in Scotland with the data from Gugging infrastructures and processes. Falling UP created a multiform equivalence to textual analysis, using art-process and outcome *as text*; where its art explained *beyond text*.

Ellingson (2014, p.447) employs the conceptual metaphor of analysis as crystallization, where *integrative* crystallization combines multiple genres into a single text; and *dendritic* crystallization involves a dispersed process of making meaning through multiple methods and multi-genres, in a series of separate, yet related texts. Each Falling UP collaboration formed an analysis of Gugging by juxtaposing artistic and performative visual hypothesis *texts* by the non-artist and the artist, to collectively build up a multiple expression of conceptualised truths through these *texts*. Hands-on collaboration, from constructing a sculpture to drawing a comic-book, *shaped* the method that Falling UP used to test and verify the concept of *living in art* in Silverburn, as well as in Gugging; through producing art-as-data and art-as-dissemination-of-data. There was a fluidity and robust appositeness when art was *talking about other art*, particularly for the purposes of comparison and equivalency, and the stimulation of further analysis.

Falling UP provided *integrative* crystallization, with analyses contributed from professional perspectives freed from the strictures of consulting-surgery, artist or

designer studio, lecture hall, or other collaborator-workplace. These analyses deployed Content, Discourse, Narrative, Participatory and Arts-based methods to identify and differentiate the elements, structures, and roles of process for art, mental illness and recovery in Gugging. Operations were parsed both qualitatively and quantitatively according to function in relation to: *time* (duration, sequences, cycles and pace); and *spatial geographies* (usage among user-participants and access-space to relational networks between Gugging and outside organisations); and finally, through *agency* (in terms of participative relations, according to structures and contexts).

Thirty-two Falling UP collaborators contributed their *theoretical imaginings* (Macmillan, 2011, pp.28-29) based on Gugging data, in relation to aspects of the research question. Their polemics combined with my dialectic contribution, to form *creative devices* (Ibid) that raised questions, alternate interpretations, and new possibilities, to function both as action research and interpretive ethnographies. By 2019, five collaborators had visited Gugging as temporary research assistants.

Asking questions through different means, invited different means of answering. For some participants, *voices* might only have been accessed through *different* analytical methods that augmented more conventional means, to use whatever *language* was pragmatically useful. Falling UP collaborators engaged with myself, and thus with Gugging-data, uniquely on a one-to-one, and never grouped together as a team or collegiate group; although their resultant artworks did come together as such, by proxy during expositions. Such opportunistic, combined-methods used in conjunction with conventional means, enabled a panoramic insight through analysis of the data.

For example, to exhaustively address research sub-question one, data from observation; interview; secondary sources; and arts-based, were subjected respectively to respectively 12; 10; 14; and 12 analysis techniques.

Analysis methods were appropriate to this study in a number of ways. Content analysis provided insight into the stories contained in the Researcher's photographic images, drawings and films, the Gugging archives, websites, social-media, publications, and the Residents' artworks. This method was particularly useful to navigate the historical

footprint of Gugging, its destigmatization through art, and the resulting personal, social, and cultural successes. Discourse analysis was especially useful differentiating the linguistic abilities that ranged from participants with learning difficulties to those with postgraduate qualifications; both within Gugging's different infrastructures, and beyond its campus. Narrative analysis suited the synchronicity between the Residents' experiences and my own, *and* for the sharing of our reflective narratives. This method was core to the intergenerational stories of *living in art & und die Welt*, and to examining both unique and commonly held narratives. Arts-based analysis was apposite to Falling UP Gugging, where art-process elicited mutual understanding, as well as facilitating the means of connection to society. Art was used to *speak* about recovery-lifestyles for both Residents & myself; reflections on creativity relationships; and place & mutuality in socio-historical contexts. Visual analysis techniques were useful to check my understandings of Gugging process with *the* participants, who are *inside* the process. These also provided opportunities to combine and further analyse inimical data types and databases.

In combinations, analysis methods were particularly apposite to specific elements in this study. Used in conjunction, Content and Arts-based analyses were pertinent to the subjectivities of perception within liminal space. Discourse and Narrative methods aptly interrogated socio-cultural connections; mutuality in creativity relationships & artist collaborations; subjectivities of perception; progress; and the behaviours & structures of healthcare using culture. In tandem, Arts-based, Discourse, and Participatory research methods were applicable to the following - non-textual & non-verbal language and their impact on creativity & social relationships; the renegotiation of self; progress in health and art; and the structures of healthcare using culture. Participatory research and Narrative methods were effective in interpreting - each Resident's renegotiation of identity within their recovery lifestyles; and similarly, that of the Researcher's lifestyle; personal re-creation through artistic practice; the significance of place; and subjectivities of perception.

All of these analysis methods contributed to the ethical representation and democratic agency for all participants. In both Falling UP methodology and research analyses, the method of Data Visualisation crossed back and forth between language and art practice, between collaborator-advocate and their audience. Falling UP expositions

spoke to audiences through *embodied-things* that commissioned emotional and intellectual reaction to its message of advocacy. Conversations about Gugging's processes using Data Visualisations with both cultural and medical professionals, and with members of the public, elicited their thoughts and opinions more readily. Visual thinking had been my background, and it coincidentally suffused the processes within the system in Gugging. As *my native tongue*, visual thinking formed an additional language of agency to the language of conventional research in all aspects of this study.

My analysis methodology consisted of sub-methodologies that worked in tandem. I intend this research methodology to play a future-role through Falling UP's continued advocacy of the essential processes of Gugging. Falling UP is dedicated towards influencing change in the relationship among art, mental illness and recovery in Scotland, towards the composition of future methodologies for research into art, mental illness and recovery.

3.13 Bias

My research question, methodology, art-based ethnographic methods, and the focus of my study, are informed by my own experience of living with mental illness; receiving medicinal and cognitive treatments, in a variety of healthcare environments, with numerous psychiatric specialist staff. Therefore, I consider it prudent to address the issue of potentially unchecked bias, in both my research activities, and those studies reviewed by me. I cite three sources from 1987, 2006, and 2017, to contextualise my perspective and situation as a researcher into Gugging.

Lecompte (1987, p.43) believes it a crucial matter of concern for ethnographers, that accusations of bias and subjectivity allege a lack of mediation between themselves and the phenomena they are researching. Rather, she believes bias to derive from the researcher's personal experience and training, and is informed by - *Who* did the work? *Where* did they come from? *How* were they selected? *How* were they trained? *What* was their history? *What* was their value system? *What* happened to them when they were out in the community? (Ibid, p.44). Lecompte holds that among intellectuals, 'the herd instinct is strong', and that association with like-minds can sometimes stimulate varying degrees of bias (Ibid). She sets herself the task to discern the, 'conscious and

unconscious' stimuli, and influences on her work, in order to acknowledge the difficulty in perceiving the precise degree to which her biography influences the critical thinking in her tasks (Ibid, p.49). Lecompte draws parallels between feminism/social activism and the problems associated with bias. The informed stance of activism as a particular sex, social class or ethnic group, gives, 'credence to the view that human experience is truly cross-cultural even within a culture' (Ibid, p.50). Activists' clearly biased understandings of their own perceptive field, was becoming the whole point of their process; and this greatly influenced change in ethnographic research. In turn, this allowed the social sciences to be reframed and written from the viewpoint of those from prejudiced, minority and outsider positions. This provided a cross-cultural voice that better reflected the diversity of human experience (Ibid).

Kisfalvi (2006, p.117) argues that all ethnographic studies harbour traces of subjectivity and emotionality that are inevitable due to researcher proximity to participants; but when these are declared and interrogated they can become, 'valuable sources of insight'. She (Ibid, pp.117-118) notes the gradual acceptance of researchers with lived-experience contributing to scholarship; and cites Calás and Smircich (1999) and Humphreys et al (2003) to further note that by the end of the 1990s there emerged the inclusion of, 'voice, subjectivity, emotion and reflexivity into the methodological conversation'. Irwin (2006, p.157) states that researchers' lived-experience, and the changing need for reflexivity has given licence, 'to throw oneself into the field, body and soul, (and) is now not only a valid stance but marks investigatory excellence'. Kisfalvi ponders her own experience of anxiety in her research, when interactions with the research participant caused her great discomfort, uncertainty, and a feeling that she was intruding in his personal life. This caused in Kisfalvi a lack of confidence (Ibid, pp. 124-131). Reflecting upon this, she reports:

It is clear that for me, Ben represented something that went beyond that of a mere research subject (if such a thing actually exists) with whom I could maintain a certain distance and scientific objectivity. But I was not the only one to be anxious; I, too, represented something for Ben that I believe in turn elicited a certain amount of anxiety on his part (Ibid, p.127).

Kisfalvi considers that her personality and the shared heritage between herself and the research participant predisposed a closeness that was necessary to the research topic. This in turn, inevitably enabled her to question why she felt anxious, and to rationalise

the research participant's behaviour. Thereby, her subjectivity, experience, and personal history directly informed the end result of her research; something, she notes would not have been the case for a different researcher without this experiential knowledge (Ibid, pp.131-132). Kisfalvi states that researcher-participant transference can be countered by having additional professional consultation to, 'collaborate and enlarge each other's views' (Ibid, p.132). Finally, Kisfalvi is of the opinion that in general, ethnographic research has at its core, subjective and emotional aspects, because it is tasked with engagement at social and cultural levels, whereby, close engagement between researcher and subject is inherent to its methodology (Ibid, p.132). Ultimately, she believes that if such conditions are consciously ignored by ethnographic researchers it can jeopardise objectivity, and can deny more profound understanding of data, research participants, and oneself, in addition to, gauging the impact of methods used to obtain data (Ibid, p.122).

Zavyalova (2017) is an ethnographer, who feels that even when off-duty she is still an ethnographer. This attitude of permanent involvement is borne out of her empathetic practice of being a *consumer* both inside and outside her research area of consumer ethnography. She has an awareness of the potential bias in ethnography and acknowledges that this is a symptom, which will always be present in ethnographic research, having been a trait of the discipline's formative decades (Ibid, paras. 4-5). Zavyalova remarks that:

As I leave the field, I continue asking myself and others the same questions that we asked our respondents, applying the same analytical frameworks that we used in the project to my own behaviour and to people around me. As my 'ethnographic gaze' turns inwards, I continue to try and make sense of socio-cultural phenomena we study, in the most personal and intimate way one could imagine (Ibid, para. 2).

She (Ibid, paras. 8-11) cautions against researchers' embodied experiences being devalued and delineates three points of defence. Firstly, that ethnographers are consumers and users, akin to research participants; and the researcher's behaviour and self-reflection are equally important to the subject area under investigation. Secondly, ethnographers exist longitudinally in parallel, in and out of their research field beyond the time-limit of a study. Thirdly, ethnographers' own experiential process is relationally interlinked to that of their participants, and immersion allows the testing

of methodologies on the researcher themselves. Zavyalova reports that despite the reality of constant observation and self-reflection, the *ethnographic gaze* and its perpetual state of awareness allows for, ‘a professional edge, a degree of passion and involvement that allows us to continuously learn, gather new observations, constantly adding on to the ethnographic findings from the field’ (Ibid, para. 14). She adds that without the use of bias and personal experience to gauge the application of methods, the ethnographer would have to rely on an academic framework with questionable deployment in the field, where methods would be less full-of-life, and thus participants could be less forthcoming, and reticent to share knowledge (Ibid, para. 17). Zavyalova concludes by highlighting that *embodied knowledge* is the most effect form of knowledge, and says that, ‘we should embrace the art of employing the rich layers of embodied knowledge that we as ethnographers, consumers, and human beings, can bring to the table’ (Ibid, para. 18).

3.14 Criticism of methodology used in previous studies, and said studies’ researcher qualification for investigation into art-process and recovery

The method Davies, Knuiman and Rosenberg (2016) adopted, of random sampling using telephone interviews, favours certain types of participant-personality; such as those who feel able, comfortable, and can articulate through speaking over the phone during a fifteen-minute conversation. My personal condition makes conversation using a telephone extremely difficult if not impossible, provoking anxiety, and is something I avoid in all but the most urgent situations. Moreover, the authors’ method would undoubtedly have included both the mentally healthy and the mentally ill, whereas the latter should have been prioritised through a more targeted approach, because they are the most in need of improved mental wellbeing. Their potential voices were conflated with a generality. The research included a broad range of closed questions, signifying a missed opportunity to gauge participants’ developing affective state during the lengthy call session. The research design itself was guided by an online survey of 280 international experts in the fields of arts, or arts in health then reviewed by a panel of ten experts. This rather aptly fits in with the *long distant*, de-personalised approach, intentionally obviating the more *human* quality of physical proximity. I consider that ethical problems were present through this study’s process, with participants’ trust undoubtedly playing a significant role in the telephone call, given

its status as an unsolicited cold-call. This also leads to the question of hand-written recordings of participants' data, and the ethical implications of giving information over the telephone. Finally, 42% of those surveyed were over sixty years old, and the study didn't indicate an age-pastime correlation, yet age surely contributed to participants' amount of arts engagement. Researcher backgrounds were - health promotion, bio-statistics, public health, sports medicine, and no researcher was a trained artist or had declared mental illness.

In contrast, Diaz and Dayal's (2008) research included participatory assessment, which by its very nature is an inclusive method, with its key participants representing a broad spectrum, e.g. elected officials *down* to persons who would normally be overlooked, and not consulted. The iterative approach adopted ensured researcher-learning-in-action for successive participant interviews. In addition, there was a preservative, cultural, and ecological ethos in the of planning recovery pathways, with an emphasis on long-term solutions; and thereby more meaningfully lasting impacts on notions of recovery. This study's methodology conferred agency, and community-oriented reconstruction of participants' identity. Researcher backgrounds were - *disaster mental health officer* (American Red Cross), and cooperation and tracing consultant (Red Cross), and no researcher was a trained artist or had declared mental illness.

Jensen's (2018) study recruited participants with the assistance of the institutes in which they were enrolled in arts and educational programmes. I contend that this contextual factor would have very likely placed direct or indirect pressure on individuals to take part. Furthermore, participants may have had preconceived views or attitudes towards desired outcomes. This raises the question of the extent to which participant-agency might have been restricted by the study. However, the research evidenced thorough engagement with participants, detailing their backgrounds and reasons for involvement. The author's research was not clinically focused, and was critical of over-reliance on the biomedical model as a pathway to recovery. Jensen suggests that more person-centric, holistic approaches could help to better understand recovery. The study revealed top down, fixed structural attitudes within educational settings towards people with mental illness. It commented that such settings might change institutional prejudice through staff training, which re-assesses institutional

approaches towards mentally ill people, in order to aid their recovery. The research design fitted into an established empirical framework, and one of Jensen's key value indicators was CHIME (Connectedness, Hope and optimism, Identity, Meaning in Life and Empowerment) as cited in Leamy et al (2011). Despite the researcher not being an artist, thus minimising participative mutuality with those taking part in artistic activities, she was empathetic towards participants on a human level. Researcher background was - music therapist/psychologist, and the researcher was not a trained artist or had declared mental illness.

Kelly et al's (2015) research adopted a balanced approach to discussing the perceptions and problems in the field of art therapy, and the notion of therapeutic mechanisms. Despite their study being purely quantitative in nature, the authors indicated that further research would benefit from focusing on both quantitative and qualitative methods. Kelly et al's research made and used a comparison of groups, but neglected the more interesting area of service users' passive participation in their treatment. They also indicated that those in the field, who were practitioner facilitators under the focus of study, should become recognised researchers themselves, to help broaden the research design in their own field, leading to action research. Researcher backgrounds were - information science, sports economics, economics and geography, English language, inter-disciplinary health research, occupational therapy, learning disability, and no researcher was a trained artist or had declared mental illness.

Lloyd, Wong, and Petchkovsky's (2007) study had a low sample rate and restrictive criteria for participant involvement, despite others having being willing to take part; although the authors acknowledged this sample strategy limitation. During service user interviews their artworks were present, which brought a focus to the legitimacy of their art in connection with their spoken contributions. However, a consulting psychiatrist was also present in the interview room, which would place degrees of pressure on participants, either consciously or subconsciously. Given that personal satisfaction was being gauged, any pressure would result in a less comfortable and more daunting atmosphere for the proceedings than necessary. The authors' interview procedure was undertaken with medical overtones as the psychiatrist made notes as participants spoke. These biases were accounted for and analysed in the data.

Researcher backgrounds were - occupational therapy, health and social sciences, psychiatrist, and no researcher was a trained artist or had declared mental illness.

Parr's (2005) study used methods of engagement with service users, including directly working with them on collaborative filmmaking, whilst conducting participant observation. She also interviewed participants and conducted subsequent follow-up comparative interviews with them. Surprisingly, the author's interview questions never touched upon the actual art-making process. Perhaps since Parr was not an artist herself, this gap in her experience was a defining factor in the lack of focus on participants' experiences of creativity through art-making. This revealed the author's limitations in the empathy towards, and the knowledge of art's function in the lifestyles of participants, who regularly attended projects that facilitated art as a therapeutic activity. It is therefore peculiar that Parr's investigation did not address this affective, and culturally important aspect. I have researched Project Ability in an artist residency, and investigated Art Angel, and I was aware of the sheer number of participants typically present on a daily basis at both organisations; yet Parr's research resulted in a very low sample rate of service users. Moreover, both organisations worked with service users within a wide range of mental health issues and learning disabilities. Therefore, the low sample rates achieved by the author clearly underrepresented the scope of mental health conditions accommodated in the two spaces. It is also interesting to note that, although the author used collaborative filmmaking, this method was never elaborated-upon suggesting it was not central to gathering data. Parr revealed a problem with categorisation of participants, due to both the remit of her study and service users' own preferences. Ironically, the study looked into two social environments where art-process was placed at the centre of wellbeing in a non-medicalised way; despite some participants having been referred by doctors, as part of a medical treatment strategy. Researcher background was - health sciences, emotional geographies, and the researcher was not a trained artist or had declared mental illness.

Regarding Gordon-Nesbitt's (2015) research, I consider that it should have asked the supplementary question of - *who has been seeking this evidence of the connection between art and health, and to what end?* In answer to this question, it is notable that there are two largely contrasting positions. The Nordic countries of Finland, Norway and Sweden have strategically sought evidence over the last thirty years, of the long-

term relationship between arts engagement and health. In contrast, Gordon-Nesbitt was critical of the Arts Council England as it decried the lack of evidence to support the benefits of art to health. I believe that the cultural differences between countries can make comparing research studies problematic; particularly if there is no cross-cultural follow-up research in the field.

The research presented in Gordon-Nesbitt's study departs from the prevailing discourse around the arts and health in three main ways. Firstly, it refused to confine itself to a consideration of symptoms, attempting instead to address the broader social and physiological factors underlying health conditions, and the ways in which arts engagement might address this relationship. Secondly, this research programme considered the effect upon physical and mental health of engaging in high-quality arts activities in non-clinical settings (such as galleries and museums, theatres, cinemas and concert halls). Thirdly, it addressed the fact that, in the UK, scant consideration was given to the ways in which health could be affected by engaging with the arts over an extended period. The methodology used, distanced itself from the *living* issues, to focus on indirect accounts removed from their contexts. Researcher background was - the author spent a decade of practice as an international curator of contemporary art, experiencing the internal dynamics of the cultural field for two decades. She was also a Labour Party Parliamentary Candidate. The researcher was not a trained artist or had declared mental illness.

Ramon's (2018) research took into account the social context of mentally ill people and the impact that their mental illnesses have on employment statistics. This is an aspect often overlooked and not part of the remit for many other research studies. The author made her opinion clear on the preference of calling participants *service users* or *people*, rather than *consumers* or *patients*. Ramon used both qualitative and quantitative literature taken from six countries, analysed within her methodology of a qualitative critical review. She rigorously explained aspects of recovery to give the reader a preliminary insight, and emphasised the importance of involving service users in their treatment. Ramon chose to include observations from service users in her literature review-sample. Although the author investigated social recovery in mental health (and related) services, her research remit did not investigate art at all; thereby, she did not connect the creation of agency through art-making to social recovery.

Although her research was an example of practice informing better practice, I am surprised that her methodology did not differentiate service users' experiences into aspects of their cultural activity. Researcher background was - social worker/clinical psychologist, and the researcher was not a trained artist or had declared mental illness.

Tomlinson et al's (2018) research used a review of both qualitative and quantitative literature samples from four different countries. The sample rate of papers was low. The authors criticised the consistency of quantitative measures of wellbeing in their review and reported benefits of a mixed-method approach. In addition, they found the value of arts projects that were set in non-clinical environments. Tomlinson et al also used grey literature and chose to include a small number of samples that were outwith their research remit. They acknowledged their limitations as subjectivity and offered comment on the difficulty of generalising results across countries, due to variations in social, cultural, and political contexts. The authors called for cross-sector support in funding for partnerships of mental health professionals, artists, and researchers. Researchers backgrounds were - professor of leisure studies; researcher of participant experience in sport, play, and active recreation; research fellow in contemporary design; welfare, health and wellbeing, institute for environment, health and societies; molecular biology/computer science; sport, health and social sciences; welfare, health and wellbeing; sports sciences; professor of health; professor of arts/musician; healthcare researcher; arts as wellbeing; behavioural science; psychology and behavioural science; professor of gerontology and public health. No researcher had declared mental illness. However, although the broad-ranging backgrounds of the research team with the high potential for inclusion and agency, it is a significant limitation that such a broadly qualified team is rarely employed for primary research in the field.

van der Vaart's (2017) research used posters, flyers, a blog, and a group presentation to attract participants, but resulted in a very low uptake of 5% of the 600 villagers. I wonder why the villagers' reluctance was not managed through the deployment of further methods. The short time-span of her activities disappointed participants, which suggests mismanagement of roles and expectations. Some criticised their village for solely being acknowledged for its resident artists; which appeared to derail potential inclusiveness in the study. The research did value participants' understanding of the

village, through their telling meaningful personal stories of *place*; however, representations of community and change were unrepresentative of the whole community. Given that her research was looking at real stories evolving over time, I am surprised that tensions and non-participation were not included as alternative stories. Researcher background was - cultural geographer, and the researcher was not a trained artist or had declared mental illness.

Van Lith et al's (2009) study lacked insight into the obvious disparities and discrepancies that exist between mental health care providers and service users. The researchers' generic term, *art facilitator*, did not differentiate between the participants' specific professional expertise, within their responsibilities or their working experience with different client groups. The sample rate for the study was also very low, which brings into question the long-term benefits of the study to a theme that has considerable scope. Researcher backgrounds were - art therapist, and two psychologists, and no researcher was a trained artist or had declared mental illness. Van Lith et al's (2011) methodology relied solely on anecdotal evidence, with no direct external observation of participants in the art-making process. There was no review of the time-linkage between art made in the recent past, with art created in the present. There was no participation of the authors in the art-making process, and no corroboration present in the research design for triangulation of data to verify and support what interviewees were saying. The study did not take into account any potential communication difficulties of mentally ill people, who may not have been able to accurately describe the impact of art-making on their wellbeing. This brings into question the extent to which the service users were able to articulate; and the possibility that potential service users were not selected because of their inability to take part in the verbalisation process of interviews. Researcher backgrounds were - art therapist, and two psychologists, and no researcher was a trained artist or had declared mental illness.

Research studies conducted by Schüssler (2006), and by Schwarz (2010), into Gugging used participatory ethnographic methodology. Schüssler was an artist and cultural anthropologist, whilst Schwarz was an art historian and exhibition manager. Both the methods they deployed and their qualifications in art were suited to an investigative exploration of art-process. However, any study into Gugging must

encompass the related areas of mental illness and recovery. Therefore, whilst both authors' findings are significant, I consider that their research potential fell short through its limited scope to ascertain the fullest perspectives of life and art in Gugging. These *denied* perspectives would have seen Residents and staff in the context of the perceptions of those visitors who impacted on the Residents' lives, such as the Day Artists with mental illness, artistic collaborators, gallerists, curators, and public visitors to the Art/Brut Centre. Neither researcher gave to the art created by Residents any agency or *voice* through collaborative activity with them. Through this omission, the Residents' access to cultural society was not appropriately contextualised.

The following chapter - **Visualisation of Artist-Led Research Practice** will present a series of Analogue Slides and Data Visualisations, which were generated from first-hand data, observations and personal experience in Gugging. These were used in the following ways:

- As a means of conceptualising aspects of Gugging, including for clarification with the subjects of the study and other relevant players
- As a means of sharing aspects of Gugging to stimulate discursive collaborative process in Falling UP
- As focus points deployed during exchanges of advocacy with relevant professionals, politicians, and members of the public

The Analogue Slides were deployed in Gugging, elsewhere in Austria, and throughout Scotland. Data Visualisations were used specifically in Gugging as discussion points with the Director, Staff, and Residents. Both sets of visualisations provided contextual stimulus for collaboration with Falling UP experts, and with other interviewees, who were the targets of advocacy.

The primary value of Data Visualisation was through the process of their creation, which in itself was a discursive process pinpointing themes, trends, patterns, and visual interpretations of the many different sides to Gugging's processes of *living in art* and *und die Welt*. Using this format, I was able to combine aspects of history and contemporary life in Gugging by fusing information with visual material.

Chapter 4. Visualisation of Artist-Led Research Practice

*"we all know paradise doesn't exist, yet we would be worse off if we didn't believe in it."**

***from a conversation with Gerhard Roth about Gugging, June 2016 in Pöfing-Brunn*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



analogue slide 1: Up the steep hill past the Chapel then to Gugging

*"It's an installation. Yes a living installation. A living installation always changes."***

***from an interview with the Director of Gugging, June 2016 Gugging*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



analogue slide 2: early morning drop-in consultation for Max in the August Walla room with Professor Doctor Feilacher. Garber looks on



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*"There is natural progression through an enabling environment in Gugging. Freedom of development. No pressure, as no one can create art faster under pressure." ****Professor Doctor Johann Feilacher*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



analogue slide 3: Garber's mural outside Das Haus der Künstler



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*"What I derived from Gugging the first time was the sense that none of them knew they were artists. It's compelling, and sometimes quite frightening to see this honesty. There's no awareness of embarrassment." **

****from 1979 onwards David Bowie visited Gugging many times*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



photograph by Christine de Grancy

analogue slide 3a: David draws Oswald in Das Haus der Künstler



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*"The House of Artists is important because it's a place of silence and a place where the art begins to grow." **Erich, Gugging residential artist*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



analogue slide 4: Each morning Jürgen likes to draw alone just outside his room, and in the afternoon he likes to work in the Atelier on a different piece of art


 falling up into a redemptive community
 art, mental illness and recovery
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*"I catch the light when I feel sad and I think about the good things in life." ***
*** Erich tells me during FASCHING celebrations in the House of Artists*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



analogue slide 5: in Das Haus der Künstler during Fasching



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*"There's a silence in Gugging (that you notice) when you come here.
A certain magic. The area is influenced by the artists and also the air." **
** Edith Wildmann - Press and Communications Museum Gugging*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



analogue slide 5a: Andi and Günther commemorate their birthdays together with residents in a group photograph outside their home, Das Haus der Künstler

falling up into a redemptive community
art, mental illness and recovery

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*"Every time you come here Drew, it is like an awakening for the Gugging Artists." ****just after our interview, Katharina relaxes in the garden and reads her favourite poems by Goethe*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



analogue slide 6 - Afternoon Tea outside Das Haus der Künstler



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SIGN MANIPULATOR INTERLUDE ASSISTANCE

"Gugging is a place to grow..to philosophise..it gives you an intelligent way to live and confront your problems.

***Max, Gugging residential artist*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



**analogue slide 7: a Gugging resident for over four decades
Johann Garber's boiler-house studio is a *Gesamtkunstwerk***

falling up into a redemptive community
art, mental illness and recovery

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*"It's very necessary that all nurses here must like art to be able to have an understanding of the Gugging artists. There is a fire in me that is very important. There are no patients here, only individual people, only artists."**Angelika Helfert, Head Nurse of Das Haus der Kunstler.*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



analogue slide 8: Erich spends his after lunch communal work sweeping up autumn leaves

falling up into a redemptive community
art, mental illness and recovery

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*"It's good to know about how to deal with people when they are sad and need something special. When I started here I was 'naked' in a sense, a blank canvas. I needed to know what kind of tools to use."***

***Julia Haimburger, Atelier Guardian*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



analogue slide 9: Alfred, a Gugging day artist and Julia the open-studio's social worker/artist leave for their cars at 1700. When he occasionally doesn't take his art home to work on Alfred runs the thirty 30 kilometers home to Tulln



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*"In the Atelier everyone offers a different kind of artwork, adding a different type of value to the space."**Thao, Gugging residential artist.*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



observing, recording and understanding what is happening through interactions in the Open Atelier



analogue slide10: I work in the Atelier/open studio as an artist creating my own art in full view whilst observing the behaviours and creative processes of Gugging Residents & day artists, a range of visitors and the Atelier Guardians, who are social workers/artists. I also separately observe by drawing, sound-recording, film-making and photography

falling up into a redemptive community
art, mental illness and recovery

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"A very important point is that Gugging is a meeting point. Everybody coming with prejudices leaves without them. It is a unique opportunity."

****Maria Höger, Museum Gugging exhibitions department Secretary**

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



analogue slide 11: All staff of the Atelier, Art/Brut Museum, Galerie Gugging, Das Haus der Künstler, Education Studio and Shop have a relationship of professionalism, mutuality and enjoyment with both the Gugging Residents & day artists within the context of life and practice of Gugging's 'living in art'

falling up into a redemptive community
art, mental illness and recovery

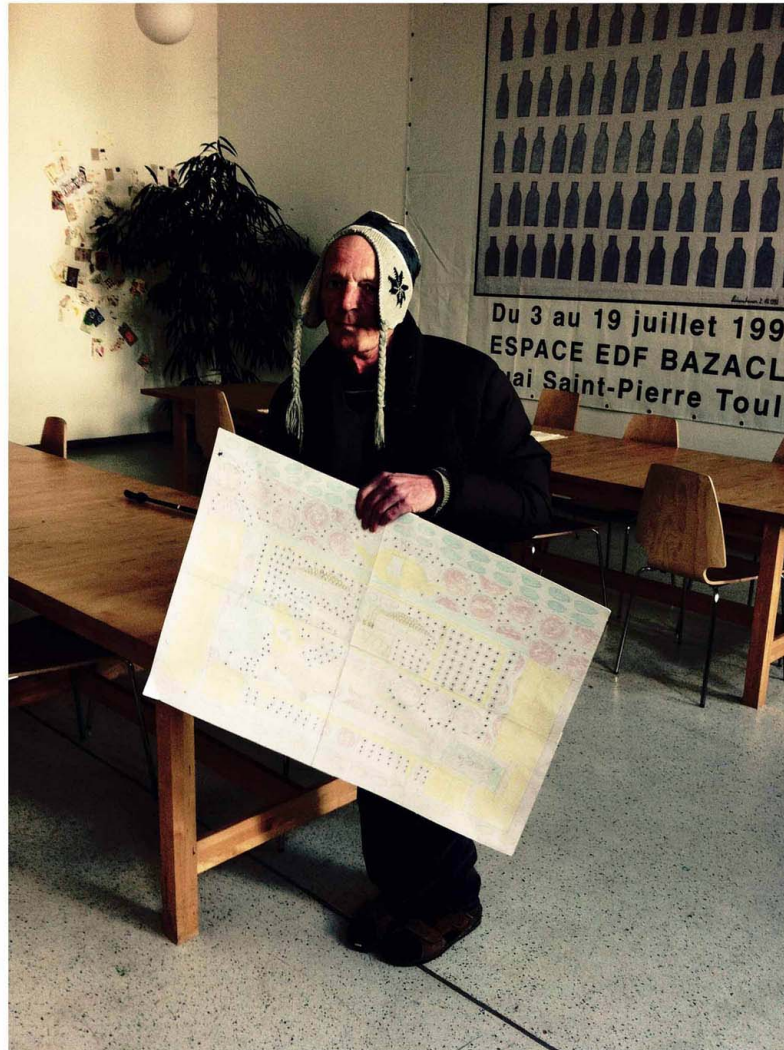
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"It's important that Gugging has a clear system of integration of the individual into a group. A position within community. They must be part of this, so that they know what to do. In this structure they have freedom."

****Professor Doctor Johann Feilacher**

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



analogue slide 12: Karl takes his art wherever he goes, and he works on it anywhere showing it to anyone when on the move

falling up into a redemptive community
art, mental illness and recovery

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"There is natural progression through an enabling environment in Gugging. Freedom of development. No pressure, as no one can create art faster under pressure."

***Professor Doctor Johann Feilacher.*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



analogue slide 13 : Max in the meadow with Drew between Das Haus der Künstler and the Art/Brut Museum. Leopold holds up his work in the Atelier, which is the interface between Gugging Artists' private lives and all types of visitor from David Bowie and Scottish Fashion Designer Christopher Kane, to you and me



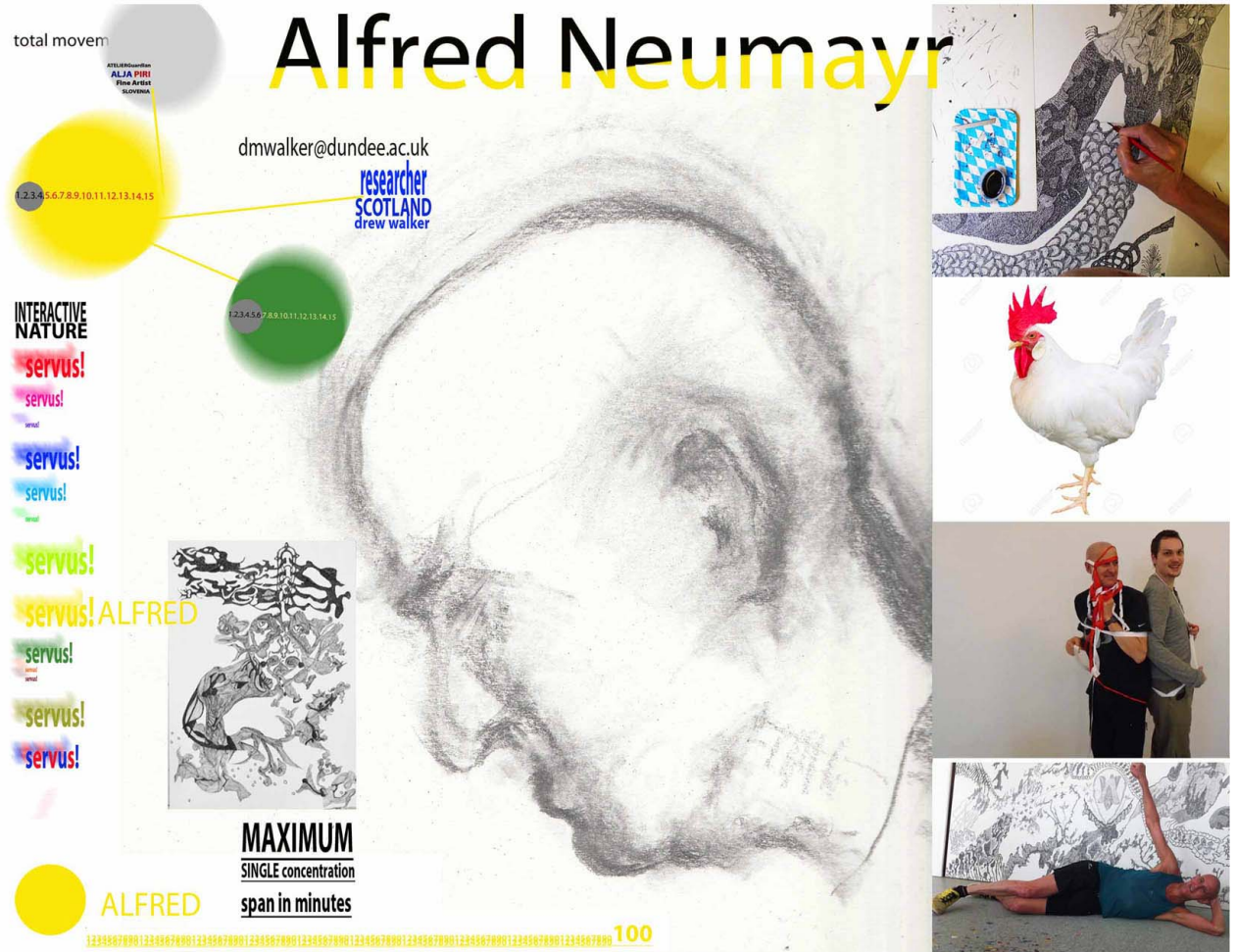
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"The process to make a picture is hard but when I finish I feel good. You must concentrate, spend a lot of energy. It costs much power."

****Alfred, Gugging day artist**

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



analogue slide 14: observations on Alfred, a Gugging day artist

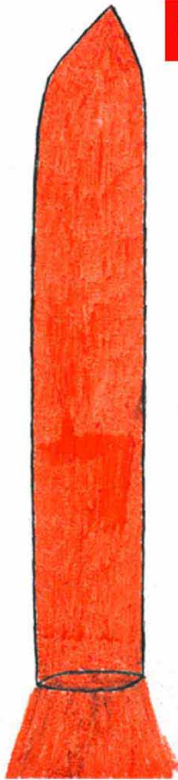


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"The art itself isn't therapy. The success through the art is therapy because it helps the artist to integrate. But art and integration rarely coincide."

***Professor Doctor Johann Feilacher, Gugging Director*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



JOHANN.

HAUSER

the GUGGING artists und die Welt

The 'ambassador' platform promoting the artworks of the Gugging artists. Galerie Gugging works closely with galleries, museums and collectors on an international scale.

Seen as a space for inspiration, the Galerie presents four exhibitions per annum. These displays are highly professional and allow 'Gugging' art to be presented alongside artists outwith Gugging, both national and international repute. Narratives that can be aligned, depending on the exhibition theme to offer a chance to situate works created by the Gugging artists, alongside those artists from different genres and disciplines.

It is a 'hot spot' for the Art Brut scene, and popular with visiting artists, public visitors, professional visitors, collectors and cultural tourists. Galerie Gugging hosts exhibition openings, concerts with invited musicians, and its own book/publication launches, in addition to talks by international speakers.

Galerie Gugging is a space in which Gugging artists can aim to professionally have their work exhibited, marketed and sold. Galerie Director Nina Katschnig and Professor Doktor Johann Feilacher assess artworks for selection. This ethos mirrors the selection process in professional galleries.

It is of great importance to most of the Gugging artists to have their work chosen for display, and potentially selling artworks. However it is not a prerequisite in Gugging to either display art works or to sell them. It can be a positive outlet for self esteem for some artists.



Galerie GUGGING marketing the gugging artists' art



Mag. Nina Katschnig
Managing Director
of Galerie GUGGING

Gerti Hacker, Asst
Managing Director
of Galerie GUGGING

Sabrine Masour
Exhibition
Production

Philipp Giegerl
Asst Exhibition
Production

Irina Katnik
Asst Project/
Exhibition

Claudia Seher
Accounting
Department

analogue slide 15: Galerie Gugging is the instrument that connects artists to the professional world of gallery and museum curators, historians and collectors, publishing, media and journals. Director Nina Katschnig and her staff know the artists, and work with them very closely to represent their creativity ethically and effectively, with humanity, respect and friendship



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*"I manage making my art even if I don't have a good day. I partly see it as therapy. My purpose and motivation changes...I might try to get a deal with Galerie Gugging to display my art." **Thao, Gugging residential artist*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



analogue slide 16: Gugging Artists' work has been exhibited widely and made for sale as part of a concept that sees their art operate in the art world as authentic artworks by self-taught artists bought by galleries and art collectors



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"In Gugging everything is possible. There is no pressure. Those who need assistance get it. There is respect for the individual in the group setting."

***Nina Katschnig, Galerie Gugging Director.*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



analogue slide 17: Alfred & Andi at the vernissage of their exhibition 'CHAOS', attended by 300 people, including collectors and gallerists. Alfred sold four large pictures for €20,000 each.

Left: a small drawing of the 'Forth Rail Bridge at night', created when Alfred and his wife stayed with me in Scotland

falling up into a redemptive community
art, mental illness and recovery

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sign mental health recovery

Gugging...who pays for what?

MENTAL-illness ART life-STYLE

family GUGGING

SUPPORT staff & patient ARTISTS

EG / Grundhof floor

offenes atelier gugging
Ein Raum, wo sich jeder einbringen kann.
Gugging wird durch Gugging gemacht.
A space in which everyone can express themselves.
Gugging is made by Gugging.

art labor / kreativwerkstatt
Arbeitswerkstatt für Kunst und Handwerk
Creative workshop for art and craft

galerie gugging also kutschung
Verkaufsgalerie für Werke der Künstler aus Gugging und Umgebung
Commercial art gallery selling works of artists from Gugging and surroundings

museum gugging
Ausstellungsmuseum mit Schwerpunkt auf der Arbeit der Künstler aus Gugging und der Art Brut
Museum of Fine Arts with focus on works of Artists of Gugging and Art Brut

atelier staff

day artists

gallery/hk building staff

resident artists & nursing staff

haus der künster
Haus der Künstler aus Gugging
House of Artists of Gugging

mentally ill nurse

social worker

psychiatrist

gallerist

curator

janitor

security

shopkeeper

teacher

framer

technician

graphics

custodian

visitors

ARTISTS

re-purposed building/re-purposed people/innovative group

co-OPERATIONAL roles amongst health, mental illness and mutual economic and social validation through art

re-imagined social/professional functions within art FAMILY

SOCIALLY INTEGRATIVE community linked to wider society

mentally ill nurse

social worker

psychiatrist

gallerist

curator

janitor

security

shopkeeper

teacher

framer

technician

graphics

custodian

visitors

ARTISTS

mentally ill nurse

social worker

psychiatrist

gallerist

curator

janitor

security

shopkeeper

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social worker

psychiatrist

gallerist

curator

janitor

security

shopkeeper

teacher

framer

technician

graphics

custodian

visitors

ARTISTS

mentally ill nurse

social worker

analogue slide 18: Gugging is supported & funded through a mixture of sources both private and state across its wide range of interrelated public seasonal events, museum and exhibitions activity programme, educational visits, business hires & company away-days. Collectively these generate income and contribute stability to the Gugging artists

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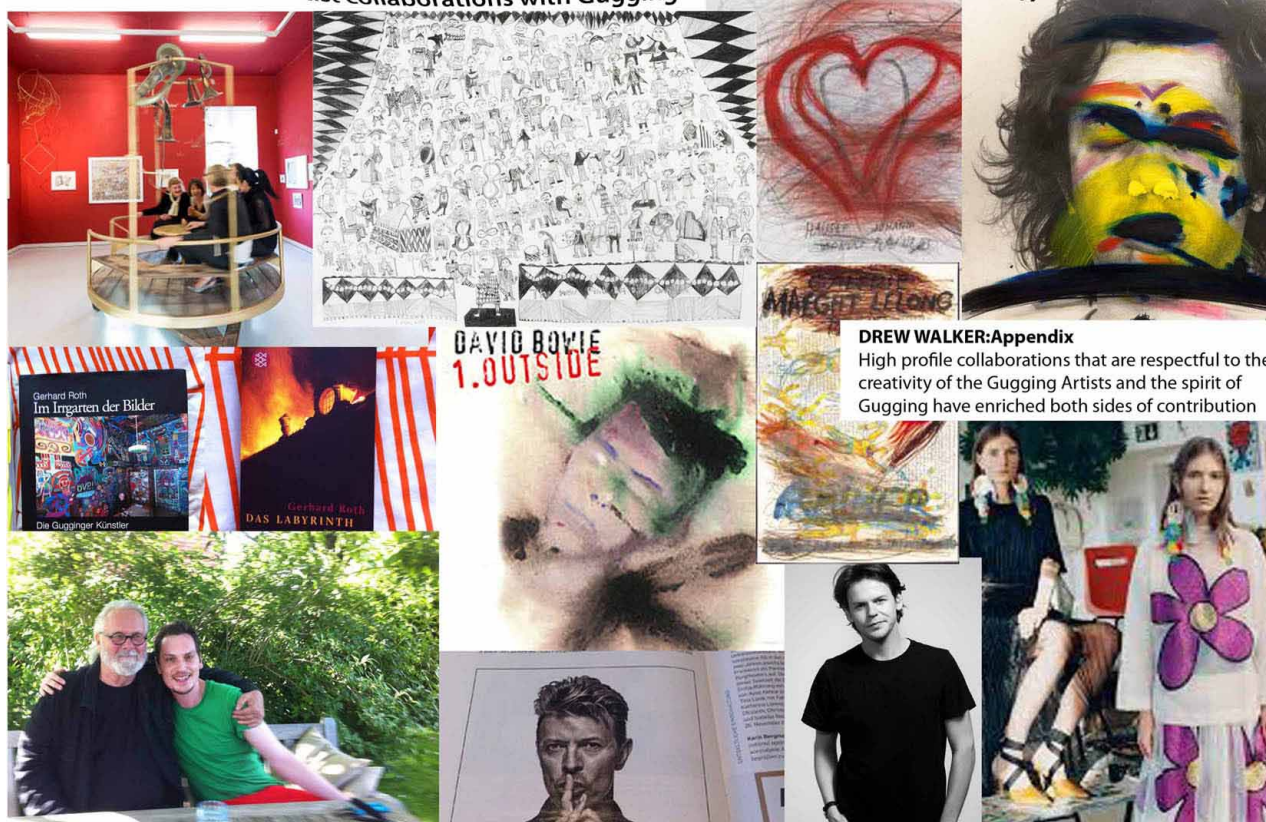
"Everyday is new. There is a special dynamic and good vibrations. Everyone has their special part. You never know what will come tomorrow"

***Irene Vonderline, Gugging administration manager.*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?

Gugging und Die Welt: Artist Collaborations

Artist collaborations with Gugging Artists between 1974 and 2017



DREW WALKER: Appendix

High profile collaborations that are respectful to the creativity of the Gugging Artists and the spirit of Gugging have enriched both sides of contribution

analogue slide 19: part of the Gugging artists' experience is an unmediated link and exposure to the creativity of visitors. There is no coaching, teaching or instructional practice. There is the mutual respect that artists can accord one another, when working together in close proximity. Collaborations are often inspired by the artworks of the Gugging Artists, and relationships often last beyond the collaboration



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*"It's very good to get a working spirit for the visitors to Gugging, to develop a nice atmosphere. Conflicts should also be possible. There are no taboos, we can talk about anything. We are very open...it's a beautiful thing."** Julia Haimburger, Atelier Guardian*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?

collaboration with the Gugging Artists with their written words onto stag and recording statements on SANCTUARY for an exhibition in Dunfermline Abbey



analogue slide 20: collaborating with Gugging artists within my own art practice of Falling UP 4.0 for exhibition Dunfermline Abbey, on sound recordings of their voices speaking in German and English on what SANCTUARY means to them. The artists also created a small stag with me, covering it with words about their lives in Gugging. The stag 'moved' across the Gugging grounds and Museum. I brought the small wooded-stag home to Scotland in my case



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"Des Mensch Dasein ist kein Kaiserschmarr'n."

*translation: 'Man is not an Emperor's pancake'. **Alfred from Gugging*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



analogue slide 21: Alfred and Johanna build a stag in my back garden when they came to stay with me in Scotland:-)



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"Des Menschen Dasein ist kein Kaiserschmarr'n!" * from a conversation with Alfred in Tulln, June 2016
 The translation is: *"Human existence is not the Kaiser's lightly sweetened fluffy shredded pancake!"*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



analogue slide 22: Alfred's double portrait of Drew and his dad Rab is a very special gift

"I thought this was a real opportunity to do something different in the church..Drew has opened up the conversation both within the congregation, the local community, and hopefully beyond that".

***Reverend MaryAnn Rennie. Dunfermline Abbey Church*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?

from our mind to
OUR HEART

actor
art teacher
cake artist
child psychiatrist
comic book artist
computer code writer
consultant psychiatrist
curator
digital artist
film maker
graphic artist
illustrator
occupational therapist
painter
nurse
photographer
physiotherapist
potter
psychotherapist
poet
public relations artist
sound artist
writer

FALLING UP 4.0 exhibition

and featuring **Gugging Artists**

**analogue slide 23:
poster & handbill
for FallingUP 4.0
which featured a
soundscape of
collaborators'
voices talking
about their
own personal
sanctuary**

Aren't we all more than just a label?

please come to our installation
of voices talking about mental
illness. recovery and art-process
in DUNFERMLINE ABBEY CHURCH
playing daily at 1300 and 1500
from Monday the 26th of March
until Saturday the 21st of April

WE ALL NEED SANCTUARY FROM SOMETHING

falling up into a redemptive community
art, mental illness and recovery

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'I am very impressed with the work that Drew Walker has done to promote mental health awareness and the benefits that a creative outlet can offer. Grassroots mental health projects provide vital support to people in need, and its important to, recognise the important role that they play. I'll be following his pioneering Gugging work with interest.' * MSP Willie Rennie Scottish Liberal Democrats

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



Alex Rowley
@Alex_RowleyMSP
Delighted to join artist Drew Walker @NHSForthValley hospital exhibition 'Falling Up' explore mental health recovery



public engagement through Falling UP to share experiences and interpretations of Gugging's process



analogue slide 24: my art practice is called Falling UP, which is better than falling down. It involves me collaborating individually with 25 participants, who are medical professionals and artists. 12 of these participants are mentally ill. Our theme explored through art is art-process, mental illness and recovery, with particular respect to my research into the Gugging process



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"It's clear that collaboration with these people in Falling UP has provided Drew with wider perspectives on mental health, personal support, purpose and reasons to stay well. It's wonderful to see."

***Ian Moir, Artist and Curator of Fire Station Creative, Dunfermline*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?



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analogue slide 25: Falling UP 2.0 in Forth Valley Hospital during June 2017. 9000-plus people viewed the artworks raising awareness of Gugging, and its particular ways of helping its mentally ill residents live successful lives *in art*

"It's great that Drew is willing to talk about his experience and promote mental health as a topic of discussion and that he wants to do so through the arts. I think that mental health for so many years it's been an issue so many people didn't want to speak about, or was misunderstood."

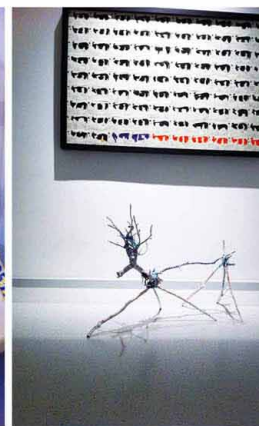
***MSP Alex Rowley, acting leader of the Scottish Labour Party*

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?

Silverburn Park 2.0



together/learning/foraging/finding/making
sharing experience&opinion in communal art



public art meets personal creativity
the stag tells stories to Parliament



**analogue slide 26:
working with and
alongside persons
with addictions or
mental illness is a
very humbling yet
rewarding activity
to do. More people
should try this**



falling up into a redemptive community
art, mental illness and recovery

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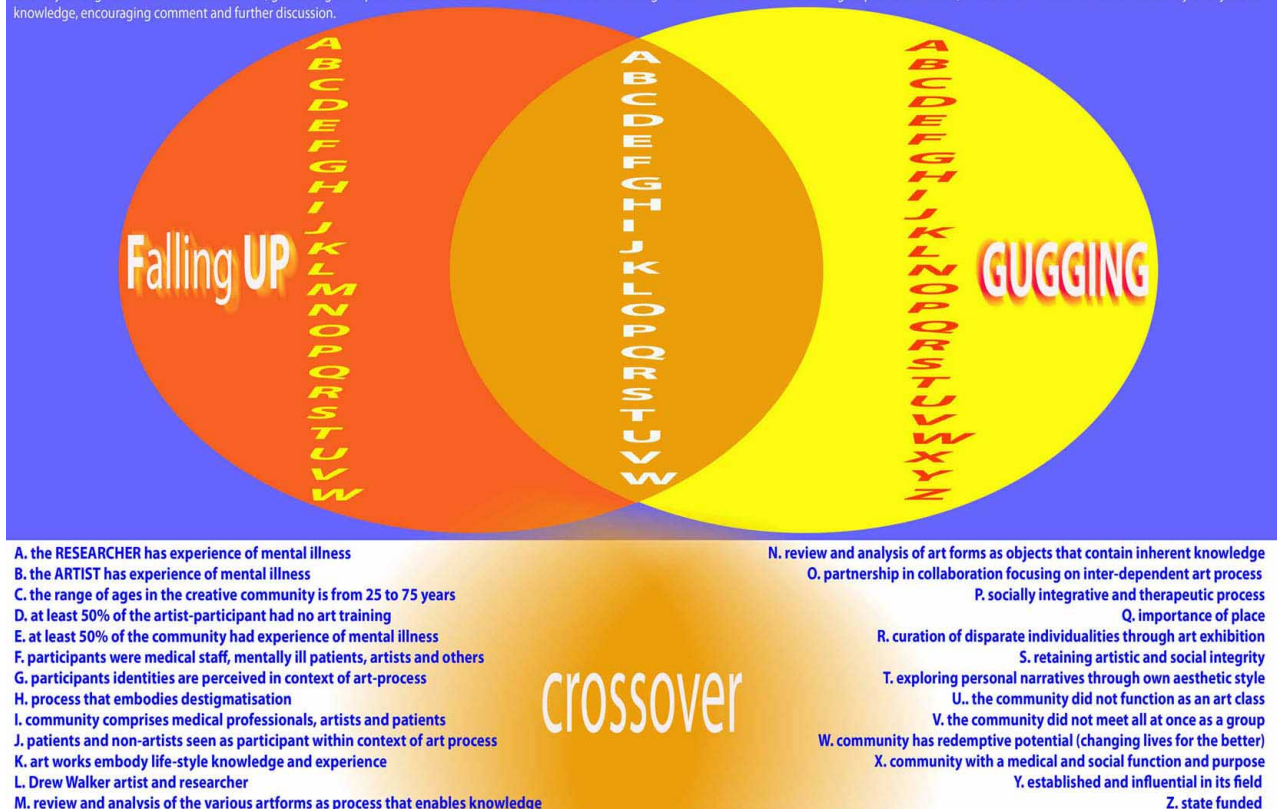
"It's an installation. Yes a living installation. A living installation always changes."**

*****from an interview with the Director of Gugging, June 2016, Gugging.***

RESEARCH QUESTION: What is the nature of the artistic and psychological process between patient-artist and artist-doctor in the psychiatric facility of Maria Gugging in Lower Austria?

mapping connections between GUGGING and Falling UP

The purpose of the FALLING UP community was to experience and replicate aspects of GUGGING, through the construction of a small community that used art-process over a period of 10 months, discussing art, mental illness and recovery through conversations and art forms, generating examples of research data for PhD studies and culminating in a summative statement through a public exhibition, where the art works formed a vocabulary of objects as knowledge, encouraging comment and further discussion.



analogue slide 27: I developed my art-practice to be a discursive collaboration with medical professionals and artists, 50% of whom suffer mental-illness. The art explores and mediates collections of experiences and individuals' conceptualizations of art-process, mental illness and recovery. Our art takes many forms and we exhibit through public interventions in public buildings



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"It's an installation. Yes a living installation. A living installation always changes."**

*****from an interview with the Director of Gugging, June 2016, Gugging***

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falling up into a redemptive community
art, mental illness and recovery

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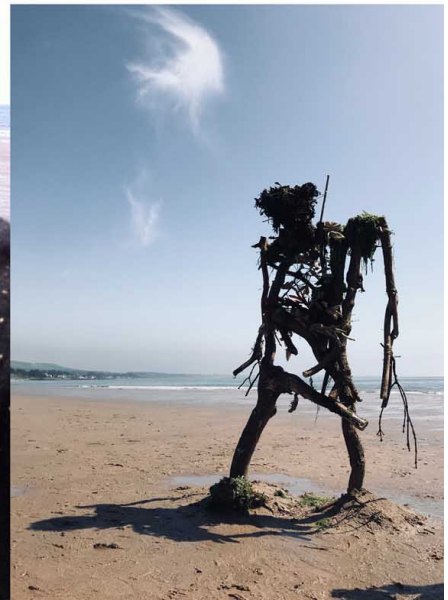
analogue slide 28: I intend to continue raising awareness of Gugging's 5-decade achievement in giving those with mental illness a high quality of life through 'living in art' with the ability to connect with communities, wider society and the art world. My ambition is develop a Gugging-inspired project in Scotland

analogue slide 28a

Model A-finding recovery together with things found



together/learning/foraging/finding/making
sharing experience&opinion in communal art



public art meets personal creativity
the stag tells stories to us all

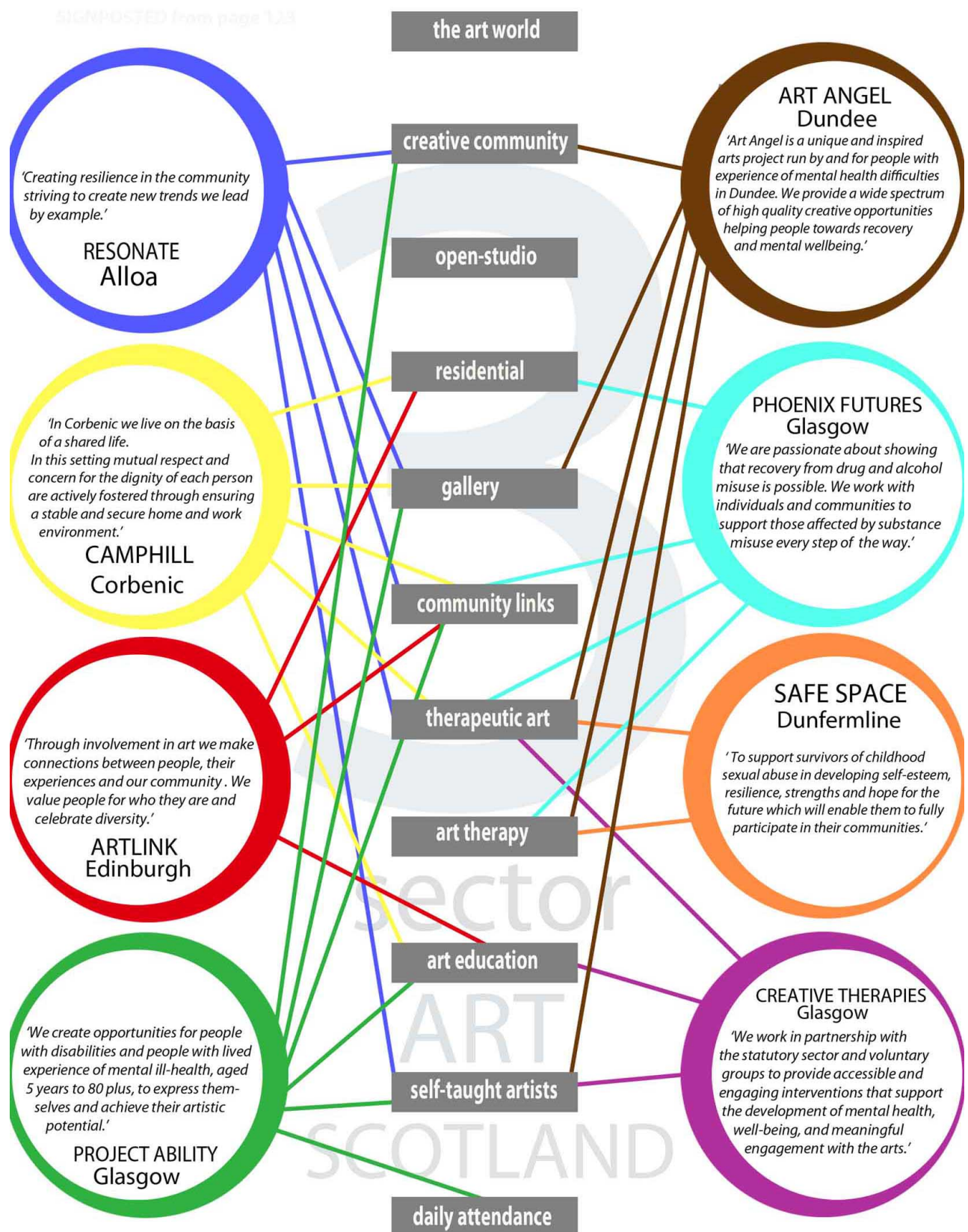


9 Third Sector providers using art-process as therapy for mental illness in Scotland

The aims and objectives of third sector providers in Scotland are different to those of NHS art therapy. The latter supports existing treatments, and can generate evidence that might contribute to diagnosis; whereas the former can result from an *arts-for-health* prescription, or an individual, informal self referral. The art created is by *clients* or *service-users* of the third sector provider with art-process that is managed by qualified art graduates or by experienced art therapists. The nature of *service-user* attendance can be long-term, short-term, or intermittent. The art environment varies greatly in character, from an artroom to a studio. 4 out of 9 organisations exhibit art on-site, with the other 5 using ad-hoc sites, according to availability. Apart from Delta Studios' public-access programme, access to all others is strictly limited.

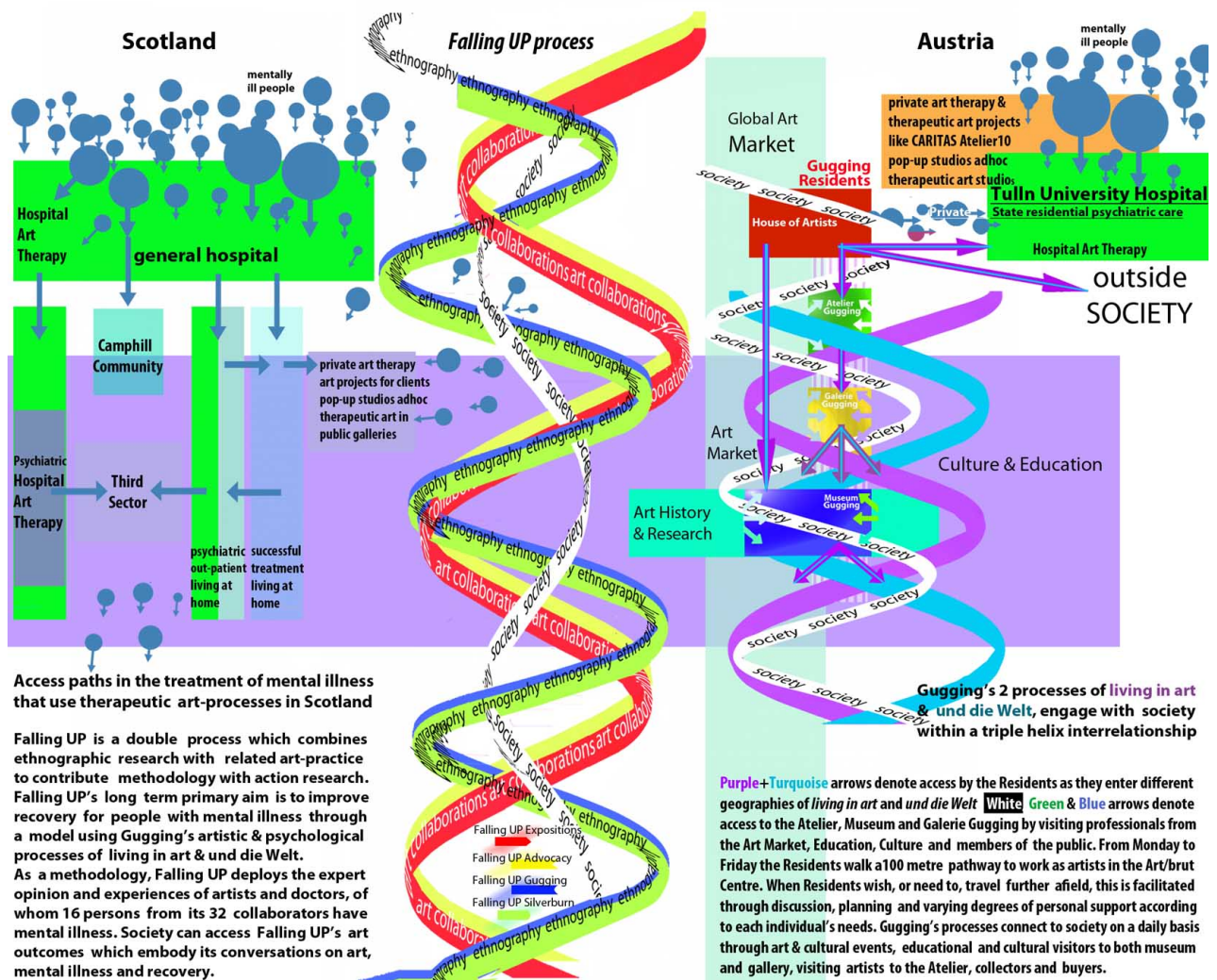
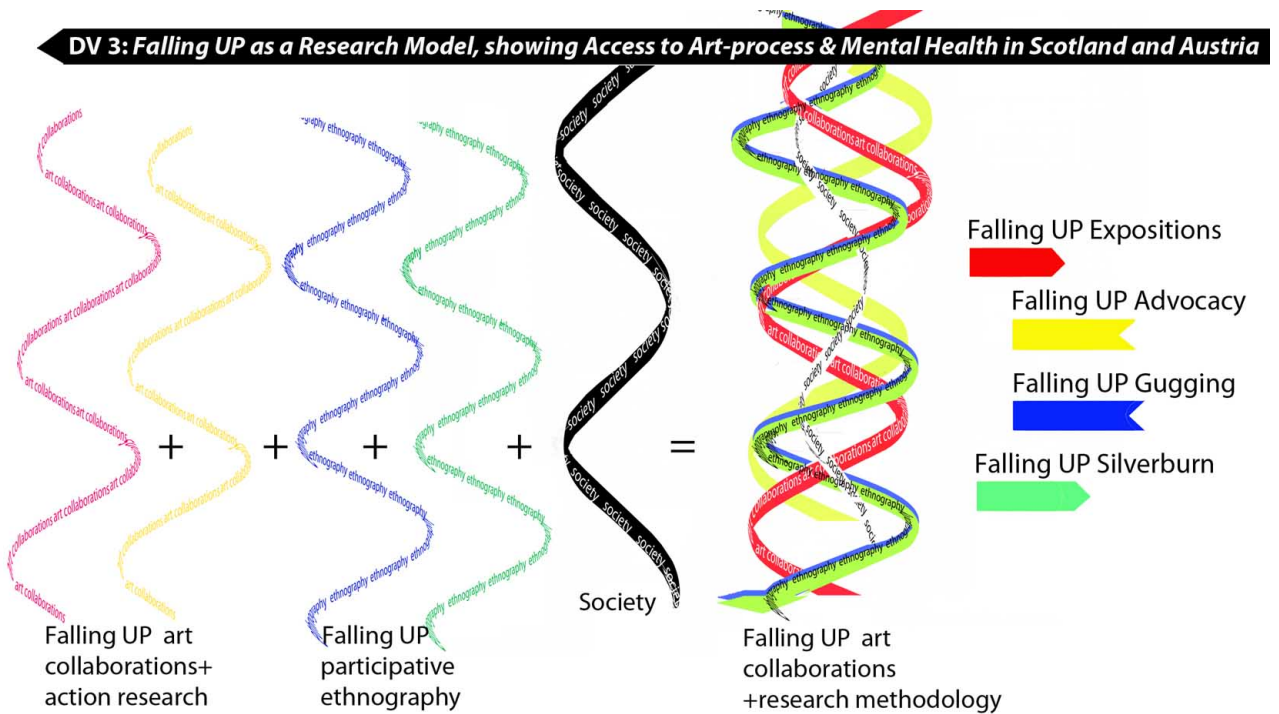
9 Third Sector Providers in Scotland visited between 2016 and 2019:	Art Educational	Art Therapy/Medical Role	Community Links	Creative Community	Daily Art Activity	Day Visitors	Gallery	Open Studio	Residential	Self-taught Artists	Therapeutic Art	Therapeutic Community	Visiting Artists	exhibited in Hospital	existing 10 years plus	existing 20 years plus
ART ANGEL Dundee																
ARTLINK Edinburgh																
CAMPBILL Corbenic																
CREATIVE THERAPIES Glasgow																
PROJECT ABILITY Glasgow																
PHOENIX FUTURES Glasgow																
RESONATE Alloa																
SAFESPACE Dunfermline																
DELTA STUDIOS Larbert																

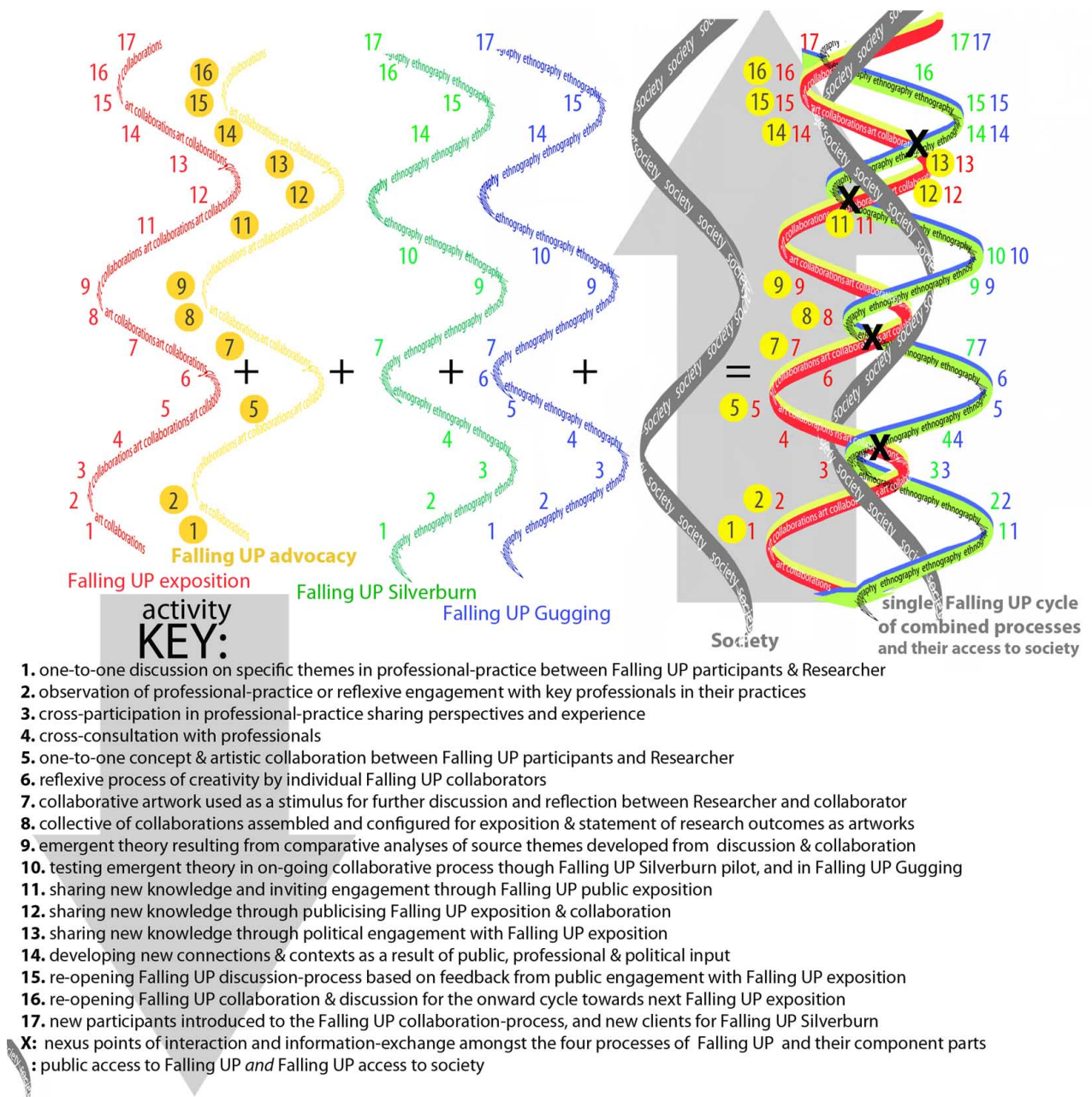
The ethos for all organisations is the therapeutic use of art-process. Delivery of therapy is top-down with active instruction and individual guidance, although clients are permitted to go with their own intuition and instinct to ultimately create whatever they wish. The only type of social contact is with the leaders of the group they are part of, and with the other clients. This can often affect clients' focus and levels of concentration, and can tend to make consistency of individual art-practice difficult, or even result in undesirable pressure. The mood is always very positive in every group. Activity and socialising often blur together with a primary benefit of belonging and of being safe, working next to others with similar disabilities. Clients for all providers invariably feel secure to be who they are.



Mission statements and key features of established 3rd sector providers using art-process in support of healthcare for people with mental illness in Scotland

DV 3: Falling UP as a Research Model, showing Access to Art-process & Mental Health in Scotland and Austria



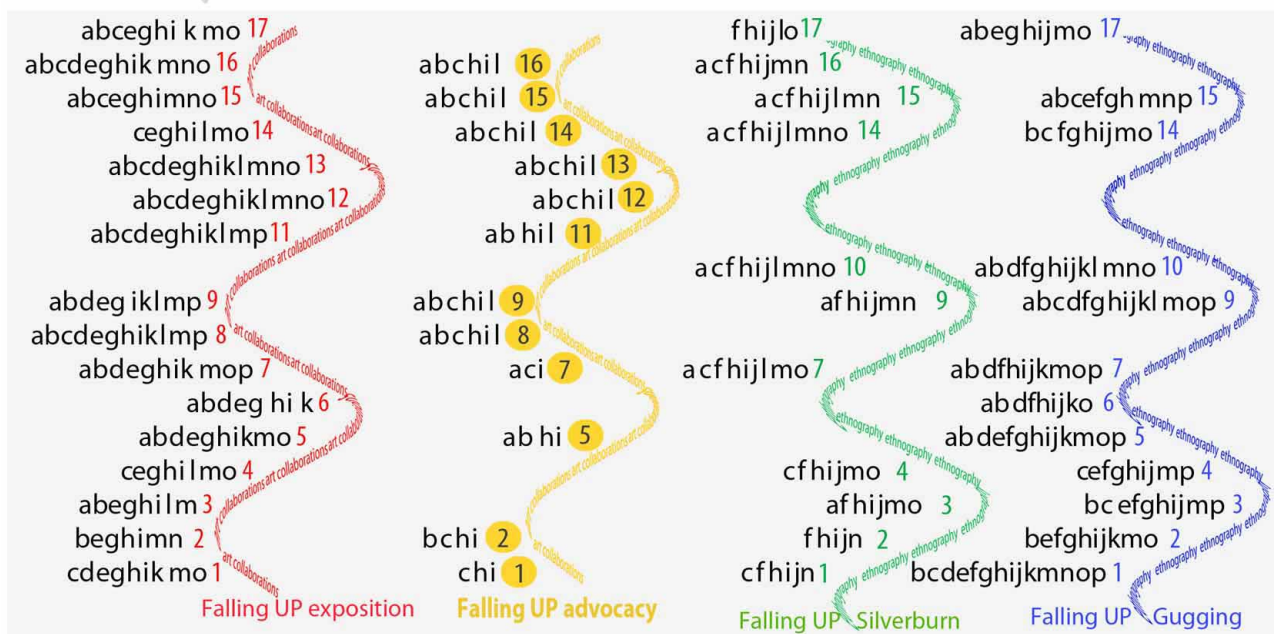
DV 4: A Single Cycle of Falling UP's 4 Processes, and their Relationship to Falling UP Activities as they operate between each Exposition


The researcher was omnipresent in each of the 4 Falling UP processes; working alongside - collaborators, interviewees, artists, clients, media, politicians, the public, and the subjects who participated in the study.

Each Falling UP artistic collaboration provides a *coherent text*, whilst Falling UP expositions constitute a *series of related texts* that reflect observations and appraisals stimulated by data from Gugging's processes. Expositions facilitate a group-response in which each artwork is a *heuristic observation* within a collective of statements. Falling UP generates multiform equivalence to textual analysis, deploying art-process and outcome as *alternate text* where art offers interpretation beyond the limitations and convention of text. Both the aesthetic and symbolism within Falling UP collaborative artworks have impacted on research process & analysis by artistic prompts that signpost alternate connections amongst other apparently unrelated sources of data.

DV 5: A Single Cycle of Falling UP's 4 Processes and its Activities in relation to Methods
**activity
KEY:**

1. one-to-one discussion on specific themes in professional-practice between Falling UP participants and Researcher
2. observation of professional-practice or reflexive engagement with key professionals in their practices
3. cross-participation in professional-practice sharing perspectives and experience
4. cross-consultation with professionals
5. one-to-one concept & artistic collaboration between Falling UP participants and Researcher
6. reflexive process of creativity by individual Falling UP collaborators
7. collaborative artwork used as a stimulus for further discussion and reflection between Researcher and collaborator
8. collective of collaborations assembled and configured for exposition & statement of research outcomes as artworks
9. emergent theory resulting from comparative analyses of source themes developed from discussion & collaboration
10. testing emergent theory in on-going collaborative process through Falling UP Silverburn pilot, and in Falling UP Gugging
11. sharing new knowledge and inviting engagement through Falling UP public exposition
12. sharing new knowledge through publicising Falling UP exposition & collaboration
13. sharing new knowledge through political engagement with Falling UP exposition
14. developing new connections & contexts as a result of public, professional & political input
15. re-opening Falling UP discussion-process based on feedback from public engagement with Falling UP exposition
16. re-opening Falling UP collaboration & discussion for the onward cycle towards next Falling UP exposition
17. new participants introduced to the Falling UP collaboration-process, and new clients for Falling UP Silverburn

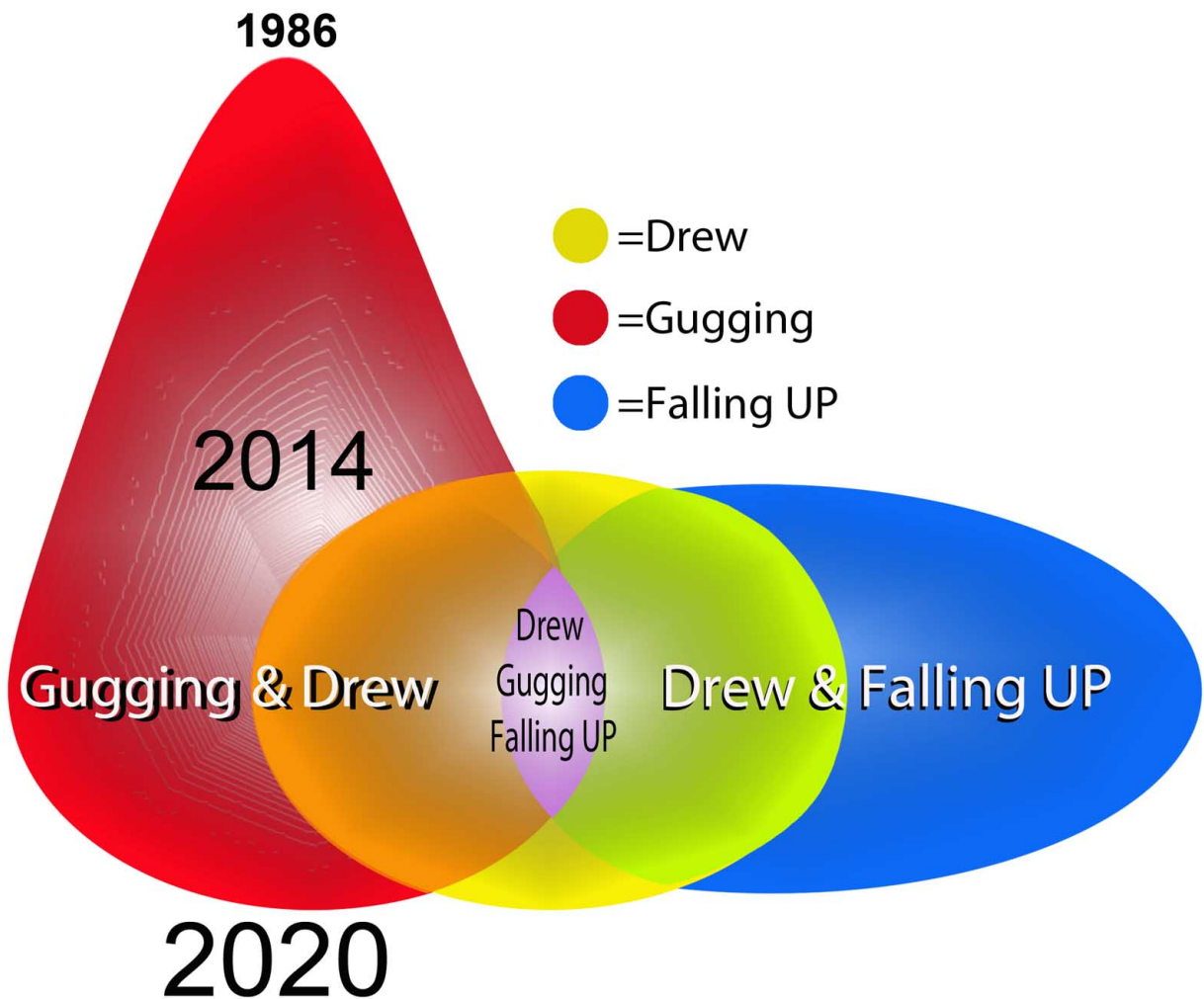


- a. Art Collaboration
- b. Auto & duo-ethnography, and sensory ethnography
- c. Expert interview
- d. Fictive-based reality object
- e. Interview based on artefact
- f. Mixed-methods research
- g. Object as perception
- h. Participatory research
- i. Participation as artist/patient researcher
- j. Photo-diary
- k. Photography/collage/art-process to describe experience
- l. Public intervention
- m. Reflective engagement amongst others
- n. Scales, wordbanks & visual prompts
- o. Walking with others
- p. Photographic typology & photo elicitation

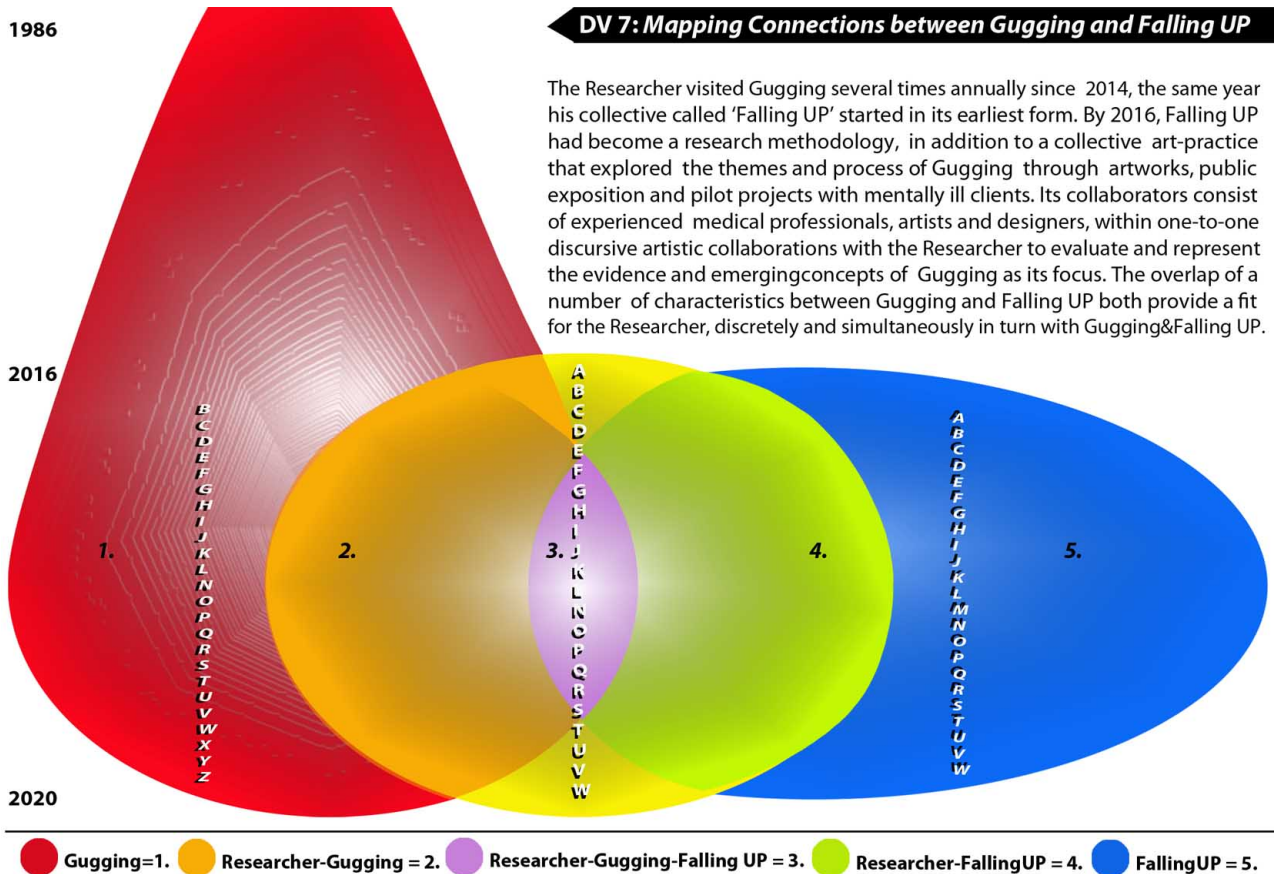
**method
KEY:**
Falling UP methodology as a means of research & analysis

Falling UP as a research design was not deliberately created to mimic the shape and function of Gugging processes. However in order to fully access the scope of Gugging operations both in their local and wider geographies, as well as to contextually place Gugging in comparison to process & practice in Scotland, Falling UP had a number of different strands, which were able to function independently or in unison. These strands had the capability to flex into many different contexts and practices as objective, subjective, collaborative, intuitive, reflexive, analytical, inductive, deductive, and artistic. Each strand spiralled into and through all aspects of process & practice across Scotland and in Gugging. The result of Falling UP's multifarious methods and perspectives was a diverse collection of rich data to represent the lives and practices within art, mental illness and recovery

DV 6: The Interrelationship of Overlapping Activity amongst Gugging, Drew, and Falling UP



The Researcher and his family have visited Gugging several times each year since 2013. Falling UP started during 2014 in its earliest form, and has used the themes and concepts of Gugging as its discursive focus. The overlap between Gugging and Falling UP has taken two forms for the Researcher. One form is evidenced when in Austria, and the other whilst in Scotland. Each form operates discretely and individually, but can do so simultaneously.



- A. the RESEARCHER has experience of mental illness
- B. the ARTIST/participant has experience of mental illness
- C. the range of ages in the community is from 25 to 75 years
- D. at least 60% of the artists/participants has no art-training
- E. at least 50% of the community has experience of mental illness
- F. participants are medical staff and other occupations, and at least 50% are self-taught artists
- G. participants' identities are perceived in context of art-process and artworks
- H. participants experience a process that embodies destigmatisation of mental illness
- I. community comprises medical professionals, artists and patients
- J. patients and non-artists are identified as participants within context of art process
- K. artworks embody the fruits of life-style, knowledge and experience
- L. Drew Walker an artist and researcher
- M. review and analysis of the various artforms within a process that generates knowledge
- N. review and analysis of art forms as objects that contain inherent meaning and knowledge
- O. partnership in mentorship leading to independent art-process
- P. socially integrative and therapeutic creativity-process
- Q. emphasises the importance of place, and liminal space
- R. curation of disparate individualities through art exhibition
- S. retaining artistic and social integrity
- T. exploring personal narratives through own aesthetic style
- U. the community does not function as a school or an art class
- V. the community does not work together in one group
- W. the community has redemptive potential to change lives for the better
- X. the community has a medical and social function and a collective purpose
- Y. the community is established and participants have influence in their field
- Z. receives state funded support & private funding

DV 8: Falling UP Public Interventions

Falling UP public interventions

alex
allison
allan
bevvie
bill
cailin
dad
david
dean
denise
drew
duncan
eileen
elaine
gary
grant
ian
jane
jordan
john
jim
jane
kathryn
kirsty
laura
lisa
maccanley
mum
murdo
niall
noosa
pete
phil
rosie
ross
scotty

1

Fire Station Creative footfall=3000:12=collaborations
collaborators - medical staff = 4:mentally ill = 5 **demographic:**culture/cafe/studios/locals

2

Forth Valley Hospital footfall=30,000:19=collaborations
collaborators - medical staff = 4:mentally ill = 8 **demographic:**patients/visitors/medical staff

3

V.R.C. at the D.C.A. footfall=3,000:26=collaborations
collaborators - medical staff = 6:mentally ill = 9 **demographic:**cultural/academics/students/DCA
 STV News=366,000

4

Dunfermline Abbey footfall=5,000:30=collaborations
collaborators - medical staff = 7:mentally ill = 16 **demographic:**worshippers/tourists/schools
 STV News=366,000

5

Scottish Parliament footfall=579:22=collaborations
collaborators - medical staff = 5:mentally ill = 8 **demographic:**129 MSPs + 450 MSP Staff

6

Room 5009 Matthew Building, Duncan of Jordanstone College of Art and Design
The Case for GUGGING + The Case for Falling UP footfall=7:32=collaborations
collaborators - medical staff = 5:mentally ill = 8 **demographic:** PhD Convener, External Examiner, + Primary Supervisor

DV 9: The Gugging Ark Collaboration between RA1 and Residents, Day Artists & Staff

Findhorn beach



Stirling castle by the river Forth



Hotel Schloss Fuschl am Fuschlsee


the Gugging ARK collaboration between RA1 and the Residents, Day Artists & Staff

Duncan of Jordanstone by the river Tay



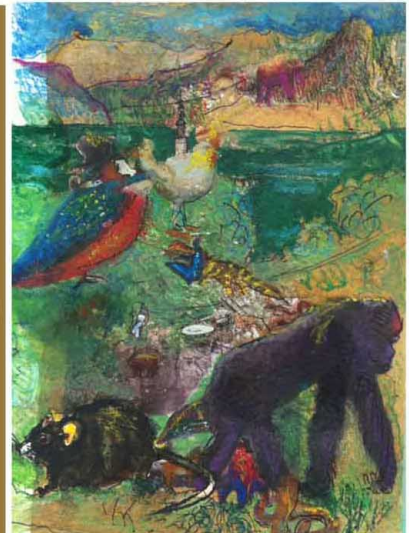
Castle Urquart by Loch Ness



The Lost Valley by the river Coe



St Gilgen am Wolfgangsee



Leo Navratil referred to Gugging as an ark. RA1 developed an art-project in which the artists & staff of Gugging sailed in their ARK visiting RA1's favourite Scottish & Austrian locations. AS the project evolved, RA1 showed the artists and staff where the ark lands

DV 10: Falling UP Gugging: Ribbon Liminal Interactive Activity


Gugging Artists and the Researcher collaboratively engage in the ribbon activity. Improvisations and shared decision-making determine pattern and rhythm of motion, tension, interaction and final configuration, in an exercise of self-agency & creativity.



Falling UP Gugging

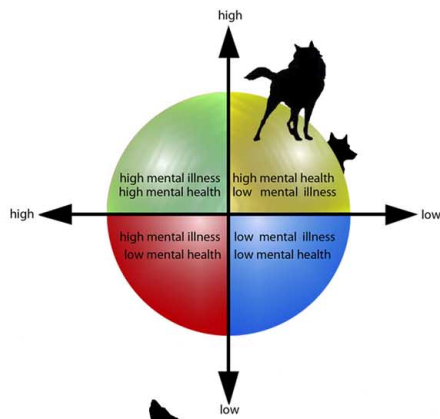
Use of red and white ribbons symbolises blood and medication, life and recovery, in an activity that demonstrates reaction to each other in a liminal event bridging space & time though *communitas*. Each artist's unique response as spontaneous interaction varied in the degree of their closeness to the Researcher, and in the amounts of tension applied negotiating control of ribbons throughout the game.



DV 11: Falling UP Gugging: Richard Demarco's Jacket Performative Collaboration


Richard's Jacket was an unannounced, and unprepared performative collaboration with Residents, Day Artists, staff & Director - a request to wear the blue jacket of Richard Demarco, Scotland's most significant artist, and find something to keep from inside one of the jacket's many pockets. It was during chance-meetings that I asked individuals to take part.

DV 12: Gugging Wolfpack & Maslow's Hierarchy of Needs



source: Benton (2018)

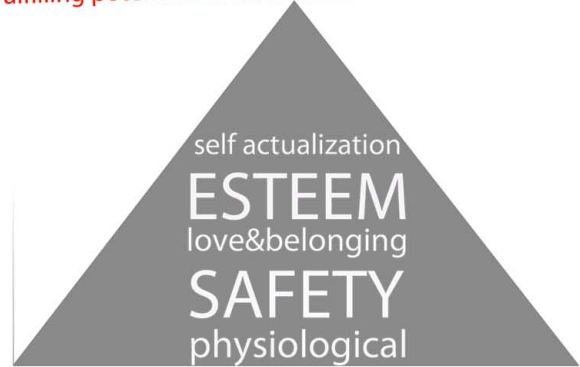


The Gugging family

the number of **years** that individual Residents have lived in Gugging **fulfilling potential for each person in Das Haus der Künstler**

Maslow's hierarchy of needs is addressed and delivered by 2 key factors. Firstly, the nature of the *Gugging family*, which Feilacher likens to a family of wolves, and secondly by their supported functioning within the 4 essential infrastructural elements of Gugging's process.

67
63
53
47
36
20
18
9
7
7
7
7
0.5



factors that make this happen effectively:

transcendence - service to others, aesthetic experience growth needs met
Atelier Gugging-Museum Gugging

self-actualization - personal growth, realizing potential growth needs met
Galerie Gugging-Museum Gugging

aesthetic needs - appreciation & search for beauty, balance, form growth needs met
Galerie Gugging-Atelier Gugging-Museum Gugging

cognitive needs - knowledge, meaning, self-awareness, curiosity growth needs met
House of Artists-Galerie Gugging-Atelier Gugging

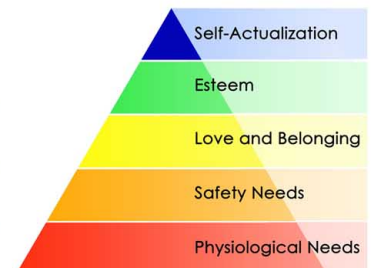
esteem needs - achievement, status, responsibility, reputation deficiency needs met
Galerie Gugging-Atelier Gugging

belonging & love - family, affection, relationships, work group deficiency needs met
House of Artists-Galerie Gugging

safety needs - protection, security, order, stability, limits, law deficiency needs met
House of Artists

physiological needs - food, drink, shelter, sleep, clothing, love deficiency needs met
House of Artists

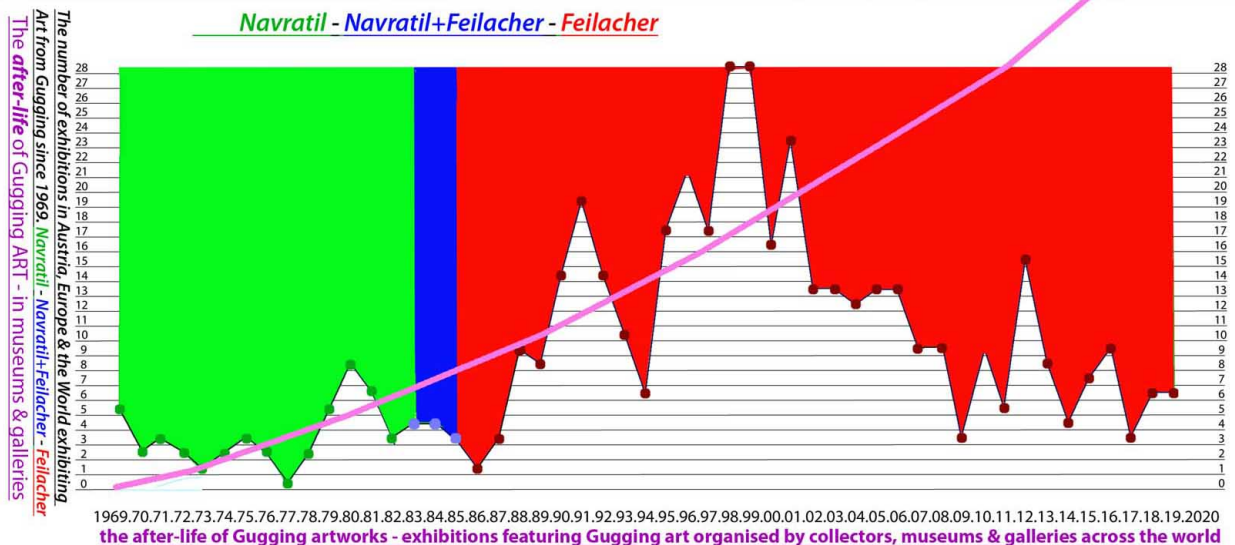
Maslow's Hierarchy of Needs



DV 13: Selected Events from Austrian History & Politics + Gugging Exhibitions for Navratil & Feilacher from 1969 to 2019

2019-exhibitions in Vienna/Paris/Arles/Reggio Emilia/New York/London/International criticism as Peter HANDKE wins Nobel Prize for Literature/ Far Right collapses and KURZ returns/
 2018-'gehirngefühl'-brain feeling.-!-art from gugging from 1970 to the present' at MUSEUM GUGGING/the death of David LAMA - 1st to climb Lunag Ri, Himalayas/
 2017-'Johann garber.! tinkerer and master painter AND karl vondal.! erotic' at MUSEUM GUGGING-exhibition in LENTOS, Linz 'Psycho Drawing-Austrian Art and Gugging Artists'/
 2016-exhibition 'Artists from Gugging' in Otsu, Japan/AUSTRIA limits number of asylum applicants to 37,000 in each of the next 4 years/
 2015-exhibition of the 'Artists from Gugging in Yongin-Si, South Korea/AUSTRIA registers 95,000 Migration Crisis asylum claims, and among the highest per capita within EU/
 2014-Conchita WURST wins Eurovision Song Contest/Matthias MAYER wins downhill GOLD at Sochi OLYMPICS/
 2013-many artists in the field of ART BRUT and Outsider Art are represented at the 55th Venice Biennale/Michael HANEKE wins Oscar/Christopher WALTZ wins Oscar/
 2012-Felix Baumgartner SKYdives to Earth from altitude of 24 miles/Michael HANEKE Palme D'Or Cannes/Martin KUNZE 'Memory of Mankind' project in Hallstadt/
 2011-HOUSE of ARTISTS renovated and enlarged/A.S. Governor of California/Otto HAPSBURG dies/Parliament supports amendment of sexist lyrics for National Anthem/
 2010-A.S. Governor of California/Art Collector&Museum Director Rudolph LEOPOLD dies/VIENNA hosts the 14th International AIDS Conference/
 2009-A.S. Governor of California/Michael HANEKE Palme D'Or Cannes/Christopher WALTZ Oscar/IST AUSTRIA opens on for Lower Austrian Psychiatric Hospital campus/
 2008-A.S. Governor of California/Far Right's Jörg HAIDER dies in car crash/VIENNA ranked No 1 globally in 2007 + 2008 for culture of innovation/FRITZL case of sexual abuse/
 2007-the closure of the East Lower Austrian Psychiatric Clinic of Klosterneuburg-GUGGING/A.S. Governor of California/Stefan RUZOWITZKY Oscar/
 2006-MUSEUM GUGGING opened with Gugging masterworks alongside international ART BRUT/A.S. Governor of California/DANUBE Island Festival 3M visitors over 3 days/
 2005-the opening of the new Galerie Gugging/A.S. Governor of California/NAZI-hunter Simon WIESENTHAL dies/50th Anniversary of AUSTRIAN State Treaty 'Austria is Free'/
 2004-A.S. Governor of California/Elfriede JELINEK wins Nobel Prize for Literature/Jörg HAIDER's Far-Right FREEDOM PARTY wins 42% of the vote in CARINTHIA/
 2003-SCHWARZENEGGER becomes Governor of California/CELLINI Saltcellar valued \$69M stolen from KHM/inaugural HOMELESS WORLD CUP/1st human-tongue transplant/
 2002-VIENNA Museum Quarter UNESCO World Heritage/AUSTRIA moves to EURO/flooding river DANUBE bursts banks/
 2001-ATELIER GUGGING offers people with mental illness and healthy people space to make art/\$360M General Settlement Fund for restitution of assets stolen by the NAZIS/
 2000-HOUSE of ARTISTS made itself independent from hospital administration becoming private social welfare facility&assisted accommodation/EU imposes sanctions on FPO/
 1999-Far-Right Jörg HAIDER's FREEDOM PARTY wins 27% coming 2nd of national vote/AUSTRIA welcomes 5,000 refugees from KOSOVO/DANUBE Youth Festival/
 1998-de-institutionalisation process for psychiatric patients begins in AUSTRIA, with the opening of the first Psychiatric Ward in a General Hospital/
 1997-Galerie Gugging moved from the House of Artists building into building that was the former Childrens Section of the Hospital. Today this houses GG, Museum and studio/
 1996-1000 year Jubilee of AUSTRIA/Austria's 1st GAY wedding/US Ambassador releases information on nuclear weapons buried in AUSTRIA during the Cold War/
 1995-AUSTRIA joins the EU/enters NATO Partnership for Peace/AUSTRIA establishes compensation fund for HOLOCAUST victims limited to \$7,000 for each person/
 1994-Galerie Gugging founded as a joint-stock company with communal acquisition of property, owned by the Artists. GG set up a standard artist/gallery agreement for sales/
 1993-opening of the first Outsider Art Fair in New York/VIENNA World Conference on Human Rights with VIENNA Declaration and Programme of Action adopted by consensus/
 1992-Kurt WALDHEIM replaced by Thomas KLESTIL's OVP/GRAZ Agreement between Bosnian Serb and Bosnian Croat leaders/fire in HOFBURG Royal Court Building VIENNA/
 1991-Feilacher and Johann Hauser visit 1st exhibition of Gugging Art in New York/Philadelphia/A.S.Terminator2/COLD WAR ends/Waldheim ostracised by internat community/
 1990-the Artists of Gugging are awarded the OSKAR KOKOSCHKA Prize/Waldheim Presidency ostracised by international community/
 1989-FALL of the IRON CURTAIN/Foreign Ministers of HUNGARY and AUSTRIA together symbolically cut border-wire/International community ostracises Waldheim Presidency/
 1988-start of Gugging Artist August WALLA's travelling exhibition in the Museum of Modern Art in Vienna/Waldheim Presidency ostracised by international community/
 1987-death of ZITA von HAPSBURG the last Empress of AUSTRIA and Queen of HUNGARY/Waldheim Presidency ostracised by international community/
 1986-Dr Feilacher succeeds Dr Navratil as Director and transforms the Centre for Art and Psychotherapy into HOUSE of ARTISTS/controversy as WALDHEIM elected President/
 1985-FALCO's Rock me Amadeus No1 in USA/Friedensreich HUNDERTWASSER's Social Housing KUNSTHAUS opens/Wine Exports collapse in diethylene-glycol scandal/
 1984-Niki LAUDA Formula 1 Champion/A.S. Terminator/PRIMITIVISM in ART exhibition in MoMA New York/EDWARD ADAMSON collection of Art Therapy established in Ashton/
 1983-Johann Feilacher becomes Dr Leo Navratil's assistant/PROMEDIA founded to publish 'books against the grain' focusing on neglected or alternative histories of AUSTRIA/
 1982-Football World Cup controversy 'The Disgrace of Gijon' as Austria play West Germany allegedly colluding for a tactical result, although no FIFA rules were broken/
 1981-Dr Navratil persuades Hospital Director Marksteiner to provide the Artists with vacant Pavilion 11 as Centre for Art and Psychotherapy/WALDHEIM UN Secretary General/
 1980-exhibition of Gugging Artists, Hauser and Tschirtner in the Museum of the 20th Century in Vienna/ARNIE Mr Olympia/founding of NOVOMATIC International Gambling/
 1979-VIENNA becomes United Nations City/WALDHEIM UN Secretary General/'Naive and Outsider Art' in McA CHICAGO/'Outsiders' in Hayward Gallery, LONDON/
 1978-Reinhold MESSNER 1st solo climb Mt Everest/WALDHEIM UN Secretary General/1st exhibition of Scottish Art Extraordinary, GLASGOW/WATTS on U.S. National Register/
 1977-Niki LAUDA Formula 1 Champion/WALDHEIM UN Secretary General/International Exhibition of Mediumistic Art in BERLIN/
 1976-WALDHEIM UN Secretary General/Lausanne Collection de L'Art Brut opens/exhibition of 'Folk Sculpture USA' in Brooklyn Museum, NEW YORK/WOTRUBA Church opens/
 1975-Niki LAUDA Formula 1 Champion/ARNIE Mr Olympia/WALDHEIM UN Secretary General/Plebiscite votes against Nuclear Reactors in Austria/WOLFLI art at Documenta 5/
 1974-ARNIE Mr Olympia/WALDHEIM UN Secretary General/opening of Creative Growth Center, SAN FRANCISCO/'Natives and Visionaries' Walker Art Center MINNEAPOLIS/
 1973-ARNIE Mr Olympia/WALDHEIM UN Secretary General/Chicago photographer discovers work of tenant HENRY DARGER/OFB Women's Football League established/
 1972-curator Harald SZEEMANN exhibits Art Brut artist Adolf Wölfl at Documenta 5, Kassel/Roger CARDINAL publishes book Outsider Art/Kurt WALDHEIM becomes UN Secretary General/
 1971-ARNIE Mr Olympia/UN Treaty on Convention on Psychotropic Substances in VIENNA/
 1970-1st sales exhibition of 14 Guggings' art Galerie nächst St Stephan, Vienna-PAREIDOLIA++related books&documentary films/Jochen RINDT Formula 1 Champion/A.S. Mr Universe/
 1969-Dr Navratil begins correspondence with Jean Dubuffet, sending GUGGING drawings - Dubuffet confirmed that they were ART BRUT/Eva Rueber-Staier crowned MISS WORLD/
 1967-Dr Navratil visits an ART BRUT exhibition in Paris/Arnold SCHWARZENEGGER Mr Universe/
 1965-Dr Navratil published 'Schizophrenia and Art', arousing great interest, particularly in Avant Garde artists Pongratz, Rainer, Hrdlicka, Handke, Jandl, Roth and Heller saw great artistic value in the works/
 1954-visiting Bethlehem Hospital, Navratil read Karen Machover's 'Personality Projection in the Drawing of the Human Figure' and started to conduct drawing tests for diagnostic purposes/
 1946-Dr Navratil begins work as 1 of 2 psychiatrists in the GUGGING Convalescent and Nursing Home at the East Lower Austrian Psychiatric Clinic of Klosterneuburg-GUGGING/

The number of exhibitions in Austria, Europe and across the world exhibiting and selling Art from Gugging since 1969



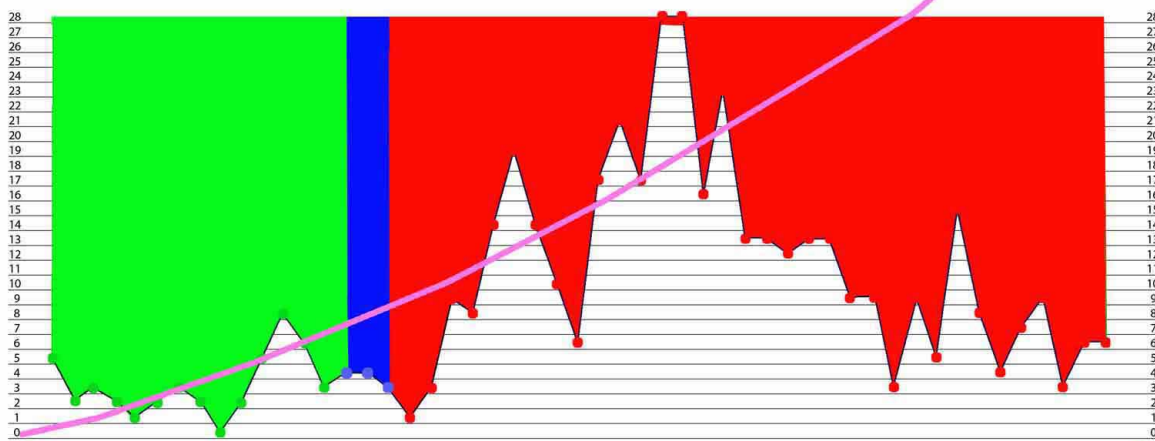


Dr Leo Navratil started working as a psychiatrist in the Lower Austrian Psychiatric Hospital at Gugging-Klosterneuburg in 1946, as 1 of 2 psychiatrists for 1,000 patients. In 1983 he invited Johann Feilacher an artist who trained as a psychiatrist, to assist him, and on Navratil's retirement in 1986 Feilacher became Director. **NAV RATIL YEARS in GREEN** Navratil&Feilacher years in **BLUE** **FEILACHER YEARS in RED**

1969-Vienna/London/Saint Louis/Mauerbach/Vienna/1970-Solbad Hall/Vienna/1971-Mexico City/Vienna/Helsinki/1972-Salzburg/Vienna/1973-Nüziders bei Bludenz/1974-Besancon/München/1975-Zürich/Graz/Bregenz/1976-Lucerne/Linz/1978-Rens/Baden-Baden/1979-Graz/München/London/München/Linz/1980-Lausanne/Vienna/Linz/Cologne/Linz/Berlin/Wien/Bremen/1981-Linz/Lausanne/Düsseldorf/Tübingen/Heidelberg/Sao Paulo/1982-Vienna/Vienna/Heidelberg/1983-Düsseldorf/Vienna/Salzburg/Vienna/1984-New York/Lausanne/Düsseldorf/Berlin/1985-Paris/Aarau/Kassel/1986-New York/1987-Vienna/Neuilly Sur Marne/Vienna/1988-Boston/Lausanne/Aarau/Storrs/Chicago/Massachusetts/Vienna/Vienna/Basel/1989-Cologne/Neuss/Berlin/Bochum/Wiesbaden/Vienna/Heidelberg/Oldenurg/1990-Basel/Vienna/Schloss Halbthum/Vienna/Cologne/Pulkau/**THE ARTISTS OF GUGGING WIN THE OSKAR KOKOSCHKA AWARD***/New York/Cologne/Sissach bei Basel/Kartause Ittingen/Lausanne/Vienna/Cologne/Minneapolis/1991-Vienna/Cologne/München/Minneapolis/Tulln/Cologne/Berlin/New York/Salzburg/New York/Philadelphia/Vienna/Schärding/Malmö/Vienna/Zürich/Basel/Cologne/Cologne/1992-Cologne/San Francisco/Basel/Basel/Vienna/Düsseldorf/Salzburg/Cologne/Düsseldorf/Stainach Ennstal/Chicago/Graz/Zürich/Zürich/1993-Lugano/München Helsinki/Weimar/New York/Mailand/Los Angeles/Madrid/Basel/Tokyo/1994-Vienna/Zürich/New York/New York/Zwolle/Bern/1995-Salzburg/Cologne/Vienna/Cologne/Amsterdam/New York/Vienna/Linz/New York/New York/Zürich/Cologne/Liege/München/Cologne/Luxembourg/Zürich/1996-Paris/New York/Saint Louis/Tulln/Vienna/Vienna/Davos/München/Zürich/Vienna/Zürich/Salzburg/Peuerbach/Bern/New York/Tokyo/Vorchdorf/Landeck/Siegburg/Nishinomino City/Philadelphia/1997/Bern/Zürich/Berlin/Salzburg/Vienna/Zürich/Salzburg/Vorchdorf/Weimar/Göppingen/Hochheim/Passau/Hochheim/Siegburg/Zwolle/New York/Chicago/1998-Leipzig/Salzburg/Amsterdam/Brussels/Vienna/New York/Paris/München/Cologne/Cologne/München/Florence/Cologne/Cologne/Salzburg/Tulln/Artstetten/Lausanne/Prague/Siegburg/Telgte/Hamburg/Toulouse/Pavia/Genoa/Zwolle/Dublin/Salzburg/1999-Zürich/Genf/München/Sydney/Weimar/Brussels/Puchenau/Peuerbach/Klagenfurt/New York/Liege/Klosterneuburg/Peuerbach/Salzburg/Cologne/München/Zürich/Baltimore/Montreal/Dresden/Cologne/Cologne/Liege/Passau/Weiden/Hamburg/Aschaffenburg/Genoa/2000-Zürich/Bönnigheim/Dorotheum/Cologne/Vienna/Dresden/Tokyo/Gmunden/Kapfenburg/Basel/Frankfurt am Main/Genoa/Genoa/Baltimore/Lenox/2001-Nürnberg/Krems/St Pölten/Vienna/Vienna/Yspertal/Spitz am Donau/Mistelbach/New York/Dorotheum/Vienna/Salzburg/Salzburg/Vienna/Gmunden/Liege/Hof/Cologne/Cologne/Cologne/Genoa/New York/2002-Zürich/München/Borgo Valsugana/Amsterdam/Peuerbach/München/Gerersdorf/New York/Chicago/Vienna/Passau/Borgo Valsugana/Manchester/2003-Zürich/New York/Chicago/Horn/Salzburg/Cologne/Chicago/Vienna/Vienna/Vienna/Salzburg/Dublin/New York/2004-Bratislava/Zürich/Reutte/Salzburg/Spitz am Donau/Kirschlag/St Andrä Wörtern/London/Solothurn/Dresden/London/Cleveland/2005-Helsinki/Baden/Vienna/Amsterdam/Paris/Vienna/Klagenfurt/Vienna/Basel/Tokyo/The Hague/New York/Cleveland/2006-New York/The Hague/Zürich/Brussels/Klosterneuburg/Paris/St Pölten/Ternitz/München/Museum Gugging/Genf/Lausanne/Houston/2007-New York/Vienna/Amsterdam/St Peter in der Au/Waidhofen in Ybbs/Museum Gugging/Museum Gugging/Tokyo/Luxembourg/2008-Brussels/Tokyo/Zürich/Tokyo/New York/Paris/Museum Gugging/Museum Gugging/Haarlem/2009-Vienna/ISTa/Museum Gugging/2010-Rotterdam/Museum Gugging/Weimar/Weimar/Berlin/Twickenham/Oakland/Museum Gugging/Frankfurt am Main/2011-Museum Gugging/Turin/Parma/Bern/Zürich/2012-Houston/Lienz/Feffernitz/Weimar/Zürich/Museum Gugging/Tokyo/Salzburg/Zürich/Kitzbühel/Graz/Turin/Harstad/New York/Lienz/2013-Bleiburg/Grieskirchen/Grieskirchen/Chicago/Chicago/New York/Slovenj Gradec/Kitzbühel/2014-Paris/Kitzbühel/Fürth/Bad Schussenried/2015-Mons/Paris/Vienna/Belgrade/Houston/Zwettl/Yongin-Si2016-New York/Shiga/New York/Kitzbühel/Baumgartnerhöhe/Krems/Klosterneuburg/London/Bologna/2017-Graz/-New York/Museum Gugging/2018-Museum Gugging/Lausanne/Basel/Brussels/London/New York/2019-Museum Gugging/Vienna/Paris/Arles/Reggio/New York/London **Since 1969 Gugging Artists have been exhibited 449 times.**

...*The OSKAR KOKOSCHKA Award for Contemporary Award was set up in 1981, the year following the Austrian Artist's death. The Artists of Gugging received the Award in 1990. Notable recipients of the biennial Award are: Hans Hartung (1981), Gerhard Richter (1985), Agnes Martin (1992), Jannis Kounellis (1994), John Baldessari (1996), Maria Lassnig (1998), Valie Export (2000), Günther Brus (2004), William Kentridge (2008), Yoko Ono (2012), Andrea Fraser (2016) and Martha Jungwirth (2018).....*

the after-life of Gugging artworks - exhibitions featuring Gugging art organised by collectors, museums & galleries across the world



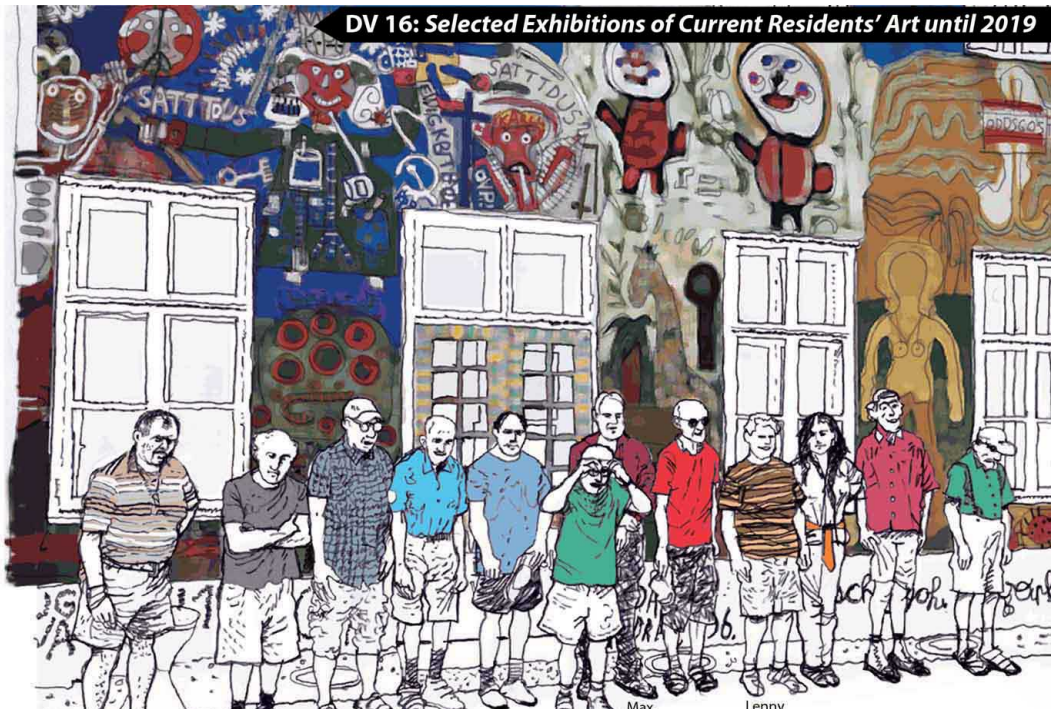
1969.70.71.72.73.74.75.76.77.78.79.80.81.82.83.84.85.86.87.88.89.90.91.92.93.94.95.96.97.98.99.00.01.02.03.04.05.06.07.08.09.10.11.12.13.14.15.16.17.18.19.2020

The number of exhibitions in Austria, Europe or across the world exhibiting and selling Art from Guggina since 1969. **Navratil** - **Navratil+Feilacher** - **Feilacher**

Navratil
Feilacher

Haus. Der Künstler

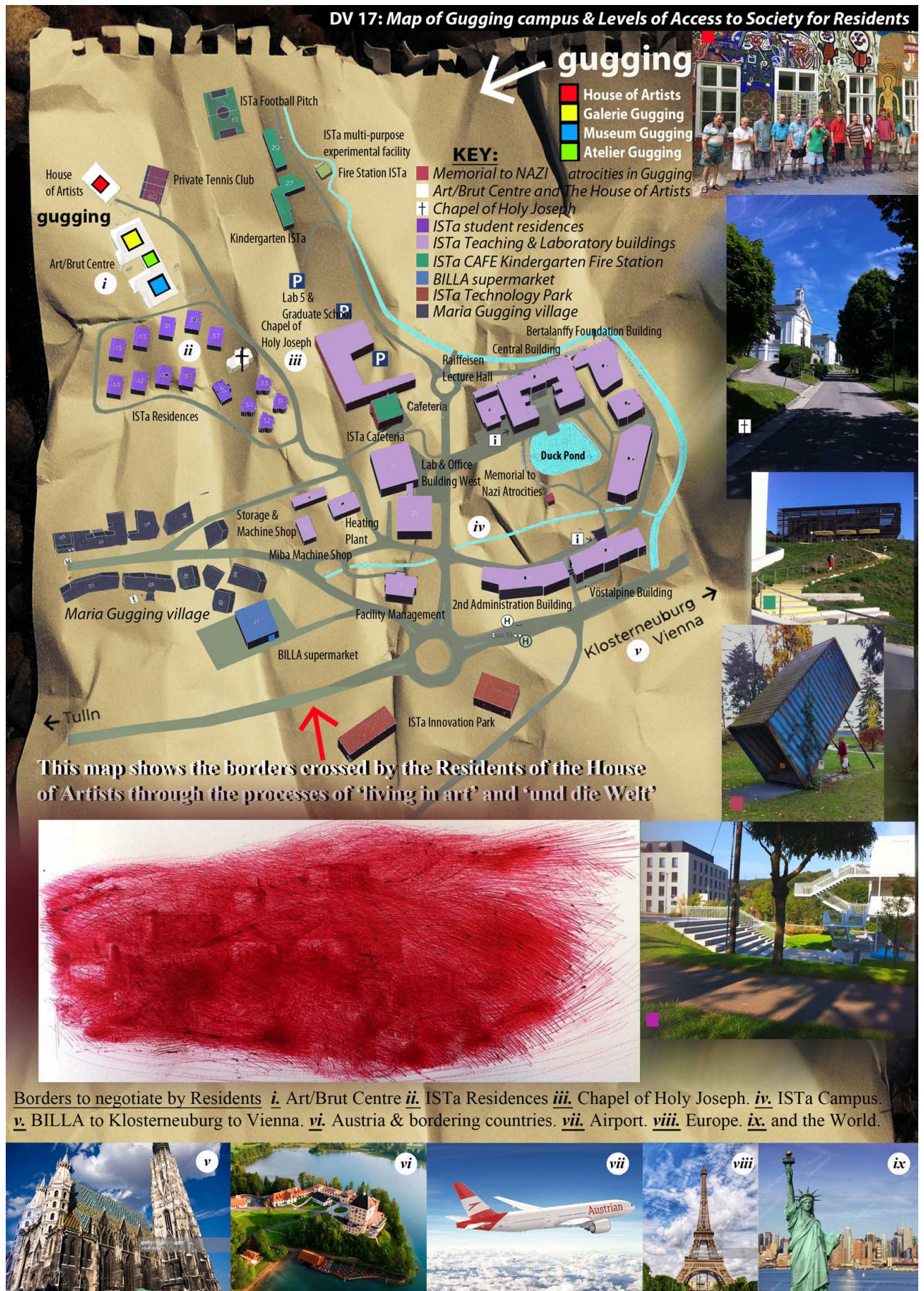
selected exhibitions of current artists until 2019



venue & date

venue	Hansi GÄRBER 72yrs old resident for 53yrs	Karl VONDAL 66yrs old resident for 47yrs	Erich TRESSLER 35yrs old resident for 7yrs	Franz KERNBEIS 84yrs old deceased 2019 resident for 67yrs	Jürgen TAUSCHMANN 45yrs old resident for 7 yrs	Andi SCHMIDT 60yrs old resident for 36yrs	Max STANGL 33yrs old resident for 7yrs	Helmut HLADISCH 58yrs old resident for 7yrs	Lenny FINK 37 yrs old resident for 18yrs	Katharina MUSS 50yrs old resident for 9yrs	Günther SCHUTZENHOFER 54yrs old resident for 20yrs	Heinrich REISENBAUER 81yrs old resident for 63yrs
Amsterdam	X1995			X2007			X1995					X1998
Aarau	X1985			X1985								
Baltimore	X2000			X1998								
Belgrade	X2015	X2015					X2015				X2015	X2015
Berlin	X1997	X2010					X1997					X1997
Bern	X2011								X2011		X2011	X1994
Bleiburg												X2013
Bratislava	X2004			X2004			X2004				X2004	X2004
Chicago	X2013	X2013		X2013			X2013				X2013	X2013
Cleveland	X2004			X2004			X2004				X2004	X2004
Cologne	X1990			X1991							X2003	X1992
Fürth				X2014								
Genoa	X1998			X1998								X1998
Göppingen							X1997					
Helsinki	X1993			X1993			X1993					X1993
Houston		X2017		X2015	X2015			X2017	X2015		X2017	X2015
Lausanne	X1990			X2006			X1990					
Lugano	X1993			X1993			X1993					X1993
Luxembourg	X2007			X2007							X2007	X2007
New York	X2017	X2007		X2012			X2012		X2007		X2016	X2012
Nishinomija	X1996			X1996								
Paris	X2008	X2008		X2008							X2006	X2008
Passau	X2002			X2002			X2002					X2002
Philadelphia	X1991			X1996			X1991					X1996
Prague	X1998			X1998			X1998					X1998
Rotterdam	X2010	X2010		X2010					X2010		X2010	X2010
Slovenj Gradec				X2013								
St Louis	X1996			X1996								X1996
San Francisco	X1992											X1992
Tokyo		X2008		X2008			X2008		X2008			X2008
Weimar	X2010	X2010		X2010			X2010					X2012
Zürich	X2012	X2012		X2004			X1995		X2008		X2003	X2012
Zwolle	X1997			X1997			X1994					X1997
AUSTRIA	X	X		X	X		X	X	X		X	X
London	X2010	X2016			X2016	X2016			X2019			X2016
Gehirngefühl 1969-2020	X	X		X	X	X	X	X	X		X	X
Artworks created in 2019:	30	18			7	69	141	18		89	41	

Residents create their art for a minimum of 4 hours each day, 5 days each week for 50 weeks each year, making a total of 1,000 hours each year. Accumulating over decades to tens of thousands of hours making art and this regime contributes to each Residents' psychological, social and material wellbeing, and identity as a artist.

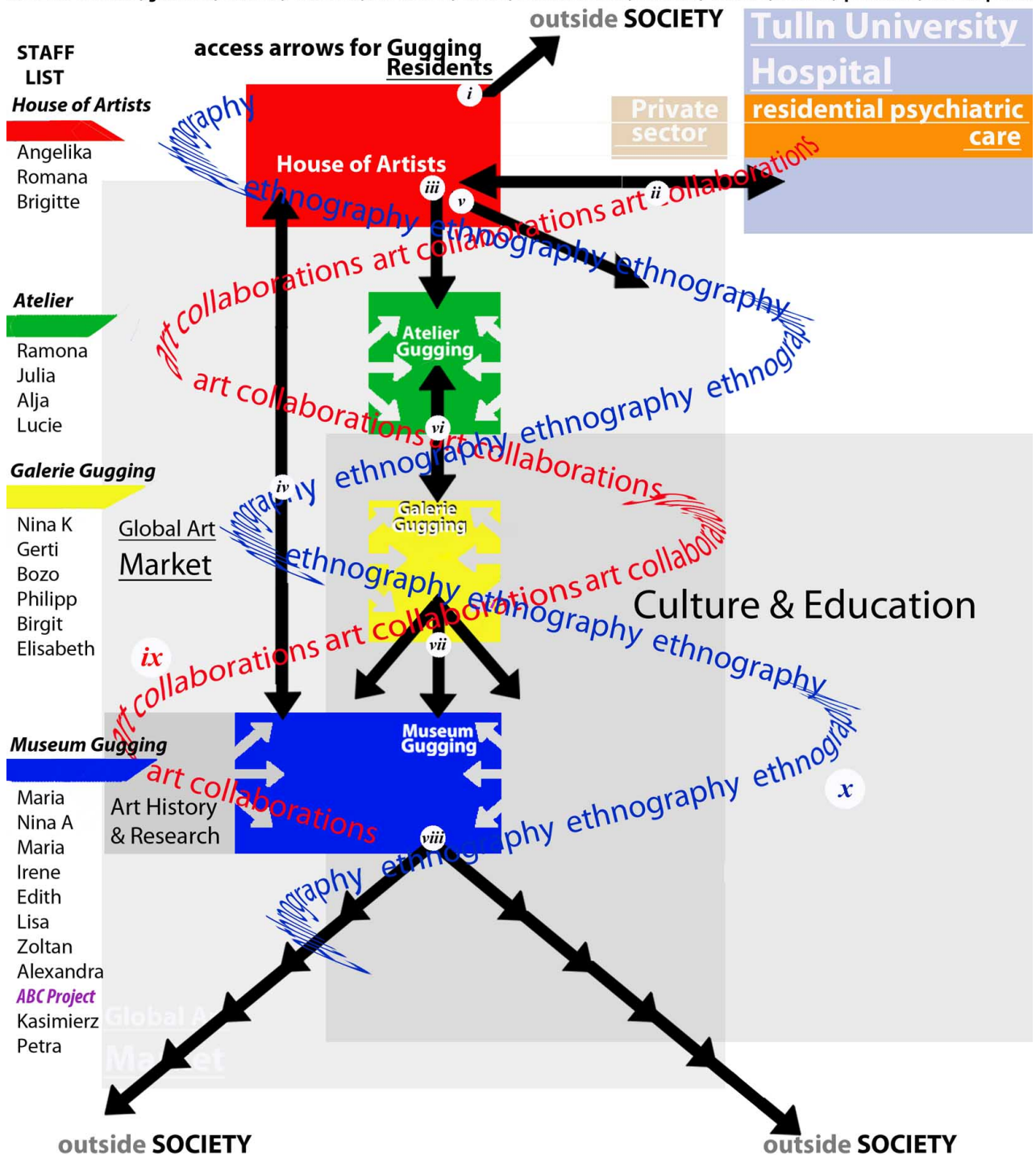


DV 18: Residents' Progression within Gugging Infrastructures and their Access into Society

Residents' access to society is through living in art & und die Welt via Gugging's 4 infrastructures. Researcher art collaborations (ix) and ethnographic methodology (x) are represented within this DV to indicate the scope & pattern of their operation in Gugging and beyond.

BOLD ARROWS represent Residents' access pathways into society: *i.* supported access to local society; *ii.* emergency treatment in Tulln Hospital; *iii.* social integration in open-studio; *iv.* social integration at MG events; *v.* social & artistic integration in art market; *vi.* social & professional integration with GG representation; *vii.* social, professional & artistic participation in the art world via MG activity; *viii.* social, professional & artistic participation and integration into society.

visitors to the: ATELIER: artists, social-workers/therapists, doctors, the public; GALERIE GUGGING: collaborators, gallerists, collectors, the public; MUSEUM GUGGING: gallerists, curators, collectors, researchers, artists, cultural visitors, students, families, tourists, politicians, and the public.



DV 19: Gugging Triple Helix theory

Gugging's 2 processes take Residents out into the world and, just as importantly, bring the world into the Residents' domain of family home, work-space, art gallery, and the locality that is their day-to-day lives.

Art Brut collector, Hannah Rieger says, 'a peculiar feature of our time is that the *exception* is becoming more and more the norm; saying that what was unthinkable yesterday has already become a reality today. Sociologist Ulrich Beck describes this as the "metamorphosis of the world".'

As a result Gugging Residents and outsiders

Gugging has been ecological in its nature almost from 1986 when the House of Artists was named.

The following characteristics are present in its 2 processes: functional solutions for its 13 Residents' lives; the importance of space on a human scale;

Living in art has given Residents structure and purpose to grow their creative talent as part of the House of Artists. Their **family business** the Galerie Gugging offers **und die Welt** activities to engage and facilitate social and professional interaction in society culture and the art market.

can cross all normative borders

historical factors as the starting point of ethical regeneration; social sustainability re-purposed buildings; communal solutions healthy natural environment; respect for individuals & holistic processes.



Johann Feilacher responds to the question, 'if Gugging could be described as an object what would it be?'

Interview in Gugging, 22 June 2016

'it's an installation...a living installation...and a living installation always changes'



house of artists

galerie gugging

museum gugging

atelier gugging



gugging
 living in art
 leben in kunst
 dmwalker@dundee.ac.uk

the nature of the psychological
 process between patient-artist
 and artist-doctor in GUGGING

I feel good when I am creating art in Gugging
 Mir geht's gut, wenn ich Kunst mache hier in Gugging

I feel happy when visitors come to the atelier
 Ich fühle mich glücklich, wenn Besucher hier auftauchen

I think other people are interested in my art
 Andere Leute interessieren sich für meine Kunst

I know what I am doing when I make my art
 Ich weiss, wie ich meine eigene Kunst mache

Gugging is the best place to be healthy
 Hier ist die beste Platz für meine Gesundheit

I feel respected when I make my art
 Ich fühle respektiert wenn ich Kunst mache

I feel happy making art where others make art
 Ich fühle mich glücklich wenn ich Kunst mache
 in der Nähe von anderen

I like to be given advice about my art by others
 Ich lasse ich mich beraten, wenn es sich um Kunst geht

I find that ideas for my art come easily to me
 Ich finde daß Ideen für meine Kunst mir natürlich zufließen

I feel a confident person when I create my art
 Ich gewinne an Vertrauen, indem ich Kunst schaffe

I feel healthy when I am creating art in Gugging
 Ich fühle mich am gesundensten wenn ich Kunst schaffe

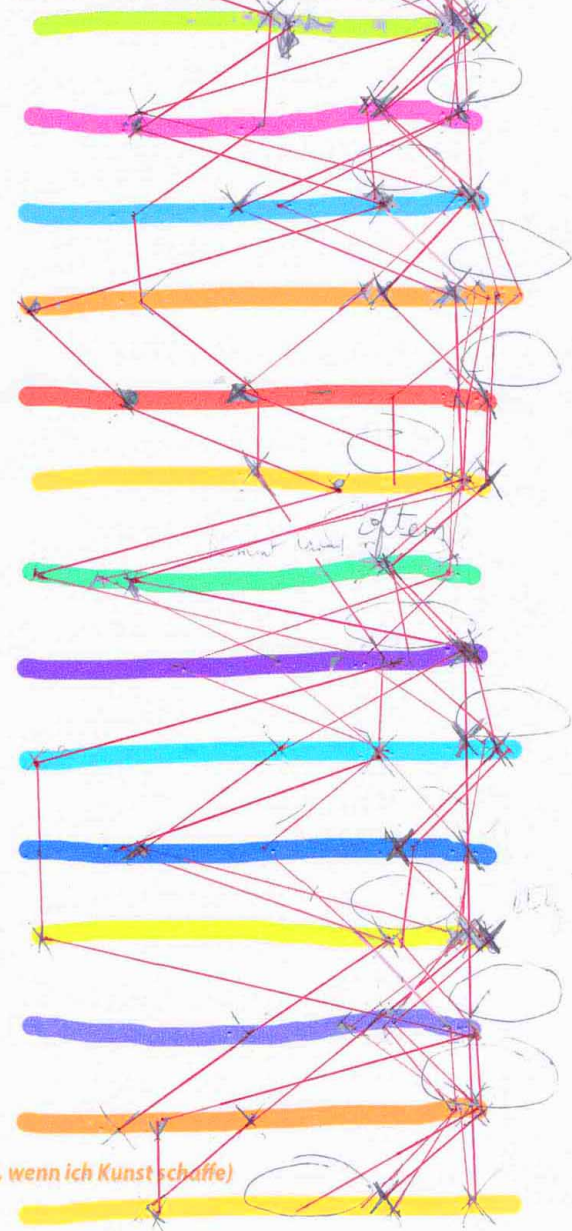
I feel respected when visitors come to the atelier
 Ich fühle mich respektiert von den Leuten die hier
 in Gugging besuchen

I feel self-respect when I create my art
 Ich gewinne an Selbstachtung wenn ich Kunst schaffe

I feel that I am in control when I make my art
 Ich habe größere Selbstbeherrschung, wenn ich
 Kunst schaffe (ich habe alles mehr in meiner Gewalt, wenn ich Kunst schaffe)

I feel that creating art is good for my health
 Kunstschaffen ist gut für meine Gesundheit

never...no...often...sometimes...often...ways
 nie...nicht oft...manchmal...oft...immer



Bitte hilft Drew bei seiner Arbeit über

Bitte setzen Sie an einer Stelle der Linie eine Markierung

please place a mark at a point on the line FEBRUARY 2019

please help Drew find out more about **Gugging**

Bitte hilft Drew bei seiner Arbeit über **Gugging**

ORIGINALS

please place a mark at a point on the line FEBRUARY 2019

Bitte setzen Sie an einer Stelle der Linie eine Markierung

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 nie.....nicht oft.....manchmal.....oft.....immer

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 Ich weiss, wie ich meine eigene Kunst mache



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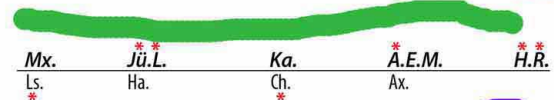
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 Ich fühle mich glücklich wenn ich Kunst mache in der Nähe von anderen



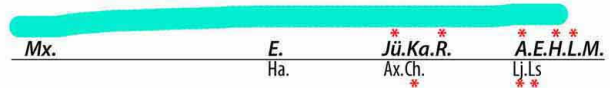
I like to be given advice about my art by others
 Ich lasse ich mich beraten, wenn es sich um Kunst geht



I find that ideas for my art come easily to me
 Ich finde daß Ideen für meine Kunst mir natürlich zufließen



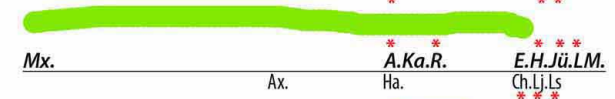
I feel a confident person when I create my art
 Ich gewinne an Vertrauen, idem ich Kunst schaffe



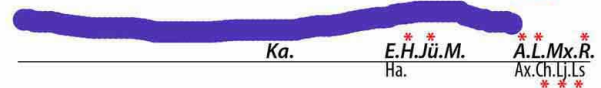
I feel healthy when I am creating art in Gugging
 Ich fühle mich am gesundesten wenn ich Kunst schaffe



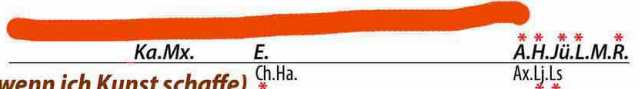
I feel respected when visitors come to the atelier
 Ich fühle mich respektiert von den Leuten die hier in Gugging besuchen



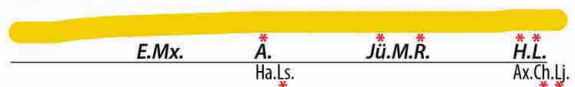
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I feel that creating art is good for my health
 Kunstschaffen ist gut für meine Gesundheit



* = Galerie Gugging artist

RESIDENTS - A=Andi; E=Erich; H=Helmut; K=Karl; Ka=Katharina; Jü=Jürgen; L=Lenny; M=Manuel; Mx=Max; R=Reisenbauer;

DayArtists - Ax=Alexander; Ch=Christa; Ha=Hannes; Lj=Lejo; Ls=Leopold;

gugging

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the nature of the psychological scanned copies and artist-doctor in GUGGING

never.....not often.....sometimes.....often.....always
nie.....nicht oft.....manchmal.....oft.....immer

Sometimes making art makes me feel worse
Manchmal habe ich das Gefühl, Kunst zu machen macht mich schlimmer.

Jü H AE K M
Mn R
L Ly

Sometimes I feel too unwell to make art
Manchmal fühle ich mich zu unwohl, um Kunst zu machen

Jü H LE MK Ly
Mn A
R

Sometimes I feel pressure on me to be creative
Manchmal fühle ich mich unter Druck gesetzt, kreativ zu sein

Jü H L Ly AR K E
Mn M

Sometimes I feel I have to produce art that others like
Manchmal habe ich das Gefühl, dass ich Kunst produzieren muss, die anderen gefällt

Jü H L Ly R ME
Mn A
K

Bitte setzen Sie an einer Stelle der Linie eine Markierung

Bitte hilft Drew bei seiner Arbeit über please place a mark at a point on the line FEBRUARY 2019

KEY

9 interviewees from the House of Artists + 1 Day Artist (L)

A = Andi Schmidt

E = Erich Tressler

H = Helmut Hladisch

Jü = Jürgen Taüscher

K = Katharina Müss

L = Leopold Strobl

Ly = Lenny Fink

M = Max Stangl

Mn = Manuel Neumann

R = Heinrich Reisenbauer

DV 23: Visual Prompt Sheet-survey - Section 2: 'Which places do you like? What do you think of Gugging as? What gives you most pleasure in Gugging?'


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the nature of the psychological
process between patient-artist
and artist-doctor in GUGGING

ORIGINALS

percentage of 12 staff
are ✓ choices of 4 staff
HEADS OF DEPARTMENT
FEBRUARY 2019

staff observations of **Gugging**

draw a **circle** around how you feel as a member of staff in Gugging?



percentages were derived by allocating each member of staff a co-efficient according to years of service from 1 year to 25 years

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living in art
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the nature of the psychological
process between patient-artist
and artist-doctor in GUGGING

ORIGINALS

percentage of 22 staff
are ✓ choices for 4 staff
HEADS OF DEPARTMENT
February+July 2019

staff perceptions of being in **Gugging**

draw a **circle** around how you feel as a member of staff in Gugging?

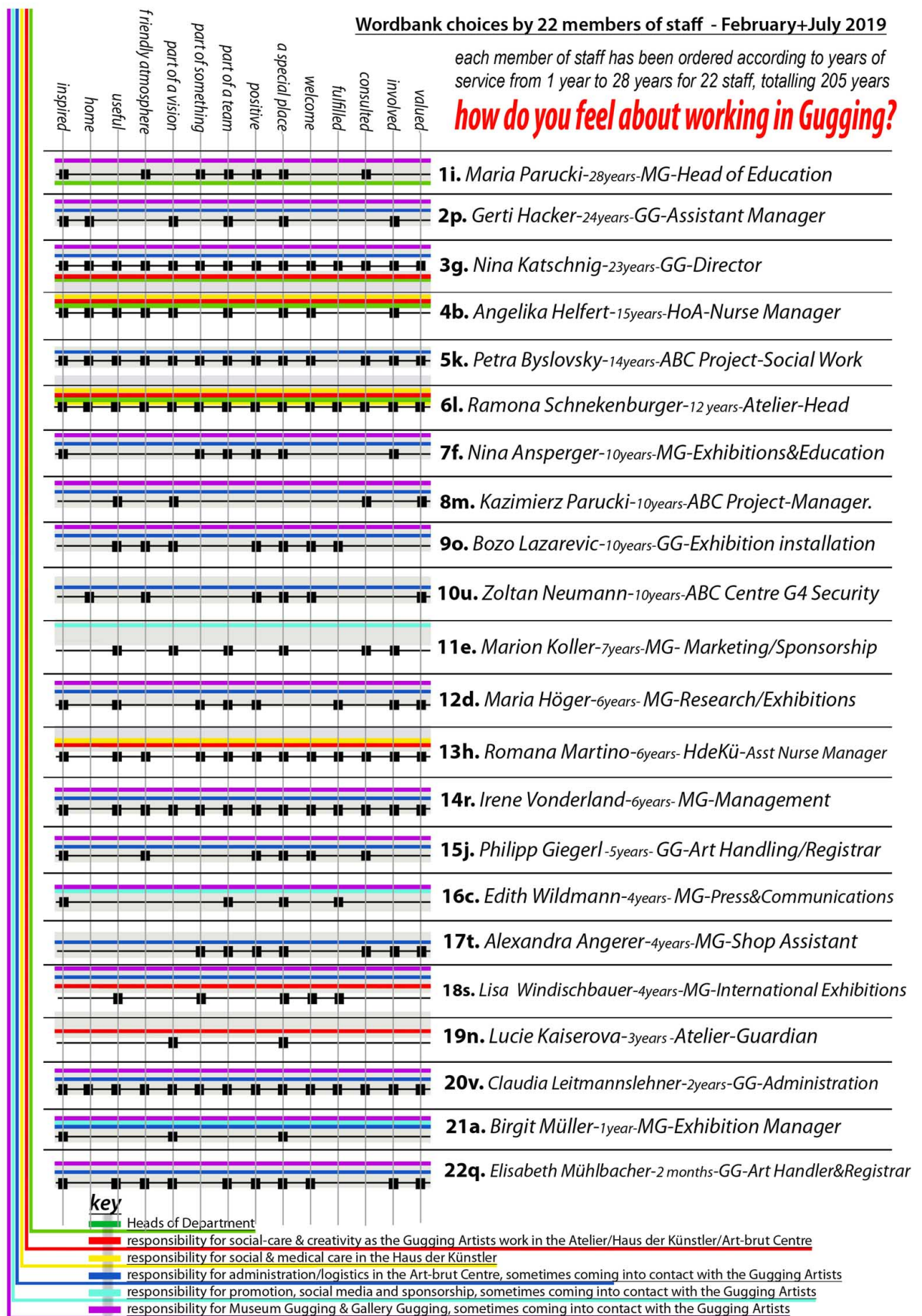


percentages were derived by allocating each member of staff a co-efficient according to years of service from 1 year to 28 years for 22 staff with 205 years of service

DV 25: Analysis of Staff word bank, according to years of service, department, and responsibility
Wordbank choices by 22 members of staff - February+July 2019

each member of staff has been ordered according to years of service from 1 year to 28 years for 22 staff, totalling 205 years

how do you feel about working in Gugging?



_LRS ① As an Atelier-assistant I encourage residents' instinctive artistic style
Als Atelier-assistent ermutige ich die Künstler, ihren eigenen instinktiven Stil zu entwickeln

DV 26: Visual Prompt Sheet-survey - Atelier Guardians' responsibilities

2. I guide residents' artistic choices
Ich lenke die Künstler, mit Rücksicht auf ihre künstlerischen Wahlen

ALRS ③ I assist with technical aspects of art materials
Ich stehe den Künstlern bei, was die technischen Aspekte ihrer Kunstmaterialien angeht

A_RS ④ I reassure residents to make their own creative choices
Ich unterstütze die Künstler, wenn es um ihre kreativen Entscheidungen geht

_RS ⑤ If residents struggle creatively, I give advice based on their artistic style
In den Fällen wo die Künstler Schwierigkeiten bei ihren künstlerischen Entscheidungen haben, gebe ich Ratschläge – mit besonderer Rücksicht auf ihren künstlerischen Stil

6. I supervise the arrangement of materials on working tables
Ich beaufsichtige wie die Materialien auf den Arbeitstischen ausgestellt werden

A_RS ⑦ I encourage residents to be sociable and to enjoy humour
Ich ermutige die Künstler, gesellig und humorvoll zu sein

_RS ⑧ I encourage residents to interact with visitors
Ich ermutige die Künstler, guten Kontakt mit den Besuchern zu haben

A_RS ⑨ I encourage residents to be a part of a communal group in the Atelier
Ich ermutige die Künstler, sich als Mitglieder einer gemeinschaftlichen Gruppe zu betrachten

ALRS ⑩ I monitor residents' social interaction
Ich überwache wie die Künstler sich im Atelier sozial verhalten

ALRS ⑪ I monitor residents' artistic development
Ich überwache, wie die Künstler sich künstlerisch entwickeln

A_RS ⑫ I monitor the health of residents
Ich halte die Gesundheit der Künstler im Auge

ALR_ ⑬ I am inspired creatively by residents' art
Was meine eigene kreative Tätigkeit angeht, lasse ich mich von den Gugginger Künstlern inspirieren

_LRS ⑭ I assist residents to access source material for their artistic-process
Ich stehe den Künstlern bei, wenn sie Zugang zu verschiedenen Materialquellen fuer ihre künstlerische Tätigkeit suchen

_RS ⑮ I assist residents to organize a portfolio of art
Ich stehe den Künstlern bei, wenn sie eine Kunstmappe mit einer Sammlung ihrer eigenen Werke organisieren wollen

A_RS ⑯ I praise residents' creative progress
Ich lobe die kreative Leistungen und Arbeiten der Künstler

R ⑰ I give information on residents' creative progress to Galerie Gugging
Ich leite Information über die kreativen Leistungen der Künstler weiter an die Galerie Gugging

ALRS ⑱ I work with other members of Staff to make the Atelier a healthy space for all
Ich arbeite zusammen mit anderen Kollegen, um dafür zu sorgen, dass das Atelier ein gesunder Arbeitsplatz fuer die Künstler bleibt

ALRS ⑲ I monitor the impact of visitors on residents
Ich überwache, wie die Künstler sich auf die Anwesenheit von Besuchern Reagieren

ALRS ⑳ I treat residents as individual persons with unique needs
Ich Sorge dafür, dass die Künstler als einzelne Personen mit individuellen Bedürfnissen behandelt werden

A_RS ㉑ I assist residents creatively during collaborations with invited artists
Ich stehe den Künstlern hilfreich bei, um ihre Kreativität zu fordern, wenn andere eingeladenen Künstler im Atelier Zeit verbringen

_S ㉒ I consider myself to be a friend of the residents
Ich betrachte mich als Freund der Künstler

administered in September 2019

Key: **name** (years of experience in Atelier)

Alja Piry (3 years) -

Lucie Kaiseroova (3 years)

Ramona Schnekenburger (12 years as Head)

Sabina Laven (2 months):

key points:

CONSENSUS to treat Residents as individuals with unique needs; to work with other Guardians to make the Atelier a healthy space; to monitor Residents' artistic development; to monitor Residents' social interactions and the impact of visitors on the Residents; to assist Residents with technical expertise on materials.

RAMONA and SABRINE, the most and the least experienced Guardians give advice to Residents if they are struggling creatively, based on each Residents' artistic style; they both encourage Residents to interact socially with visitors; and they assist Residents to organize their portfolio.


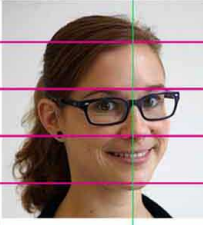



CONSENSUS to **NEITHER** intervene or guide any Resident's artistic choices or creative decisions; and to **NOT** intervene in any Resident's personal arrangements of materials and equipment within their working space.

LUCIE does **NOT** reassure Residents to make their own artistic choices and she does **NOT** praise their creative progress; Lucie does **NOT** encourage Residents to be sociable, to enjoy humour, or to be part of a communal group; LUCIE does not assist when the Residents collaborate with invited artists, and she does **NOT** monitor the Residents' health.

Each Guardian's unique personality and individual approach to their duties provide a snapshot of the outside world to the Residents. This presents a more realistic experience to life in the workplace, where types of support and working relationships can differ according to those present. These circumstances can prepare the Residents for both those regular visitors who work alongside them in the Atelier, as well as for the intermittent, occasional visits by a wide range of informal guest-visitors.

The Guardians are unobtrusive in the delivery of their responsibilities to the Residents and visitors alike. They are able to retain their own individuality of approach whilst also expressing their personalities.

observation of key staff from 2015 to 2019

	Ramona	Julia	Alja	Lucie	Angelika
2013					
2014					
2015					
2016					
2017					
2018					
2019					

low-12345-high style of care

A. personal confidence	A5 A4	A5 A4/5	A3 A3	A4 A4	A5 A5
B. assertiveness	B4 B3/4	B3/4 B4	B5 B5	B3 B4	B5 B5
C. sharing liminal space	C5 C5	C5 C5	C2 C2	C3 C2	C5 C5
D. sense of humour	D5 D5	D3 D3/4	D2 D1	D1 D1	D4 D4
E. spirit of generosity	E5 E4	E3/4 E4	E1 E1	E1 E1	E4/5 E5
F. professional art-practice	F5 F5	F4 F3	F1 F1	F2 F2	F N/A

quality of care low-12345-high

A. protective of residents	A4 A4/5	A3 A4	A5 A5	A3 A3	A5 A5
B. mutual relations with residents	B5 B5	B4 B5	B2 B2	B1 B1	B3 B4
C. empowering-relationships	C5 C5	C4 C4	C2 C2/3	C1 C1/2	C4/5 C5
D. attentiveness	D4/5 D4	D5 D5	D5 D5	D3/4 D4	D5 D5
E. empathy	E4/5 E5	E5 E5	E4 E4	E3/4 E3	E5 E5
F. interaction with visitors	F4/5 F4/5	F4/5 F4/5	F2 F2	F1/2 F2	F5 F5
G. development of social-behaviour	G4/5 G4	G5 G5	G5 G5	G2/3 G3	G3/4 G4
H. expectations of creative-practice	H4/5 H4	H5 H5	H4/5 H5	H2/3 H3	H N/A
I. physical reassurance	i5 i5	i5 i5	i2/3 i3	i2 i3	i5 i5
J. psychological reassurance	J5 J5	J5 J5	J3/4 J4	J2/3 J3	J5 J5
K. technical support for creativity	K4/5 K5	K4/5 K4	K4/5 K4	K3/4 K4	K N/A
L. review of creative progress	L5 L5	L5 L5	L5 L5	L5 L5	L N/A
M. supervision of general health	M5 M5	M5 M5	M5 M5	M4/5 M5	M5 M5
N. response to each artist's needs	N5 N5	N5 N5	N5 N5	N5 N5	N5 N5
O. awareness of each patient's needs	O5 O5	O5 O5	O5 O5	O5 O5	O5 O5
P. emotional openness/empathy	P5 P4/5	P5 P5	P1 P2	P1/2 P2/3	P4/5 P5

The staff were observed by the Researcher and RA1 over a period of 4 years, in the Atelier and the House of Artists, during the course of their responsibilities towards the care and supervision of the Residents, Day Artists and the visitors, who formed part of the Residents' experience of *living in art & und die Welt*.

There are 2 sets of cumulative analyses for each member of staff representing the different types of perspective in health, professional experience and subjectivity for Researcher and RA1.

For example: RAMONA's personal confidence was observed as A5 by RA1 and A4 by the Researcher. Both assessments are averaged over multiple observations in different contexts by both observers. Throughout, the score on the left is by RA1, with the score on the right by the Researcher.

DV 28: Types of Data & Analysis Techniques according research sub-questions and wider issues										
Wi2	Wi1	SQ3	SQ2	SQ1						
Wider Issues 2: how is progress between health and creativity defined; and progress through art perceived by patient and doctor? & what meanings does the created art embody?	Wider Issues 1: what are the structures, behaviours and subjectivities of perception within the art-making process between participants who act within shared liminal space?	Sub Question 3: what is the perception and understanding of Gugging's processes resulting from the researcher being an artist who is mentally ill?	Sub Question 2: in what ways does the creativity relationship foster the development of the renegotiation of self? How significant is place to mutuality?	Sub Question 1: has mental illness been destigmatized through art, treatment and community? And how has perception of outsider changed?						
0-p/0-n/0-d I-u/l-ss/l-s/ 8/ /2 10 /3 11/ /9 13/ /18 14/ /19 16/ /23 18/ /24 19/ /25 20/ /27 21/ /28 24/ 25/ 26/ 27/ 28/	0-p/0-n/0-d I-u/l-ss/l-s/ 8/ /2 10/ /3 14/ /9 16/ /18 18/ /19 19/ /23 20/ /24 21/ /25 24/ /27 25/ /28 27/ 28/	0-p/0-n/0-d I-u/l-ss/l-s/ 8/ /2 10/ /3 13/ /9 14/ /18 16/ /19 18/ /23 19/ /24 20/ /25 21/ /27 24/ /28 25/ 27/ 28/	0-p/0-n/0-d I-u/l-ss/l-s/ 8/ /2 10/ /9 11/ /12 12/ /18 13/ /22 14/ /23 16/ /24 17/ /25 18/ /27 20/ /28 21/ 22/ 24/ 25/26/ 27/28/	0-p/0-n/0-d I-u/l-ss/l-s/ 8/ /2 10/ /3 14/ /9 16/ /18 18/ /19 19/ /23 20/ /24 21/ /25 24/ /27 25/ /28 27/ 28/	TYPES OF DATA		QUALITATIVE DATA		ANALYSIS TECHNIQUES	
T&M W H R P D Q 16/ /1/2/7/8/9/ /2 17/ /13/16/18/ /3 19/ /19/21/24/ /5 21/ /25/26/27/ /6 26/ /28 /9 /18 /24 /25 /27 /28	T&M W H R P D Q 16/ /1/2/7/8/9/ /2 17/ /16/18/19/ /3 19/ /21/24/25/ /5 21/ /26/27/28/ /6 26/ /9 /18 /24 /25 /27 /28	T&M W H R P D Q 16/ /1/2/7/8/9/ /2 17/ /13/16/18/ /3 19/ /19/21/24/ /5 21/ /25/26/27/ /6 26/ /28/ /9 /18 /24 /25 /27 /28	T&M W H R P D Q 16/ /1/2/7/8/9/ /2 17/ /12/13/16/ /5 19/ /18/21/24/ /6 21/ /25/26/27/ /9 26/ /28/ /12 /18 /24 /25 /27 /28	T&M W H R P D Q 16/ /1/2/7/8/9/ /2 17/ /16/18/19/ /3 19/ /21/24/25/ /5 21/ /26/27/28/ /6 26/ /9 /18 /24 /25 /27 /28	TYPES OF DATA		QUANTITATIVE DATA		ANALYSIS TECHNIQUES	
ABD-PV ABD-AC ABD-SS /1/2/5/10/ /13/18/19/ /22/24/25/ /27/28/	ABD-PV ABD-AC ABD-SS /1/2/5/10/ /13/18/19/ /22/24/25/ /27/28/	ABD-AC ABD-FUPC ABD-PI ABD-PV ABD-SS Photovoice /1/2/5/10/13/18/ /19/22/24/25/27/ /28/	ABD-AC ABD-FUPC ABD-P ABD-PI ABD-PV ABD-SS Photovoice /1/2/5/10/13/18/ /19/22/24/25/27/ /28/	ABD-AC ABD-FUPC ABD-P ABD-SS Photovoice /1/2/5/10/13/ /18/19/22/24/ /25/27/28/	TYPES OF DATA		ARTS-BASED DATA		ANALYSIS TECHNIQUES	

Qualitative and Quantitative: Primary Data - {**Observation**: participant/non participant/disguised={**O-p/np/d**}; {**Interview**: un-structured/semi-structured/structured={**I-u/ss/s**}; {**Questionnaire and survey**={**Q**} - Secondary Data: Documents(**D**); Publications(**P**); Records(**R**); Histories & Biography={**H**}; Websites & Online Sources={**W**}; Time & Motion={**T&M**}; **Arts-based**: Photovoice(**ABD-PV**); Site-specific={**ABD-SS**}; FallingUP collaboration={**ABD-FUPC**}; Atelier collaboration={**ABD-AC**}; Performance interaction={**ABD-PI**}; Portrait={**ABD-P**};

Techniques applied: 1. Input-output model; 2. Cross-tabulation; 3. Clustered-bar chart; 4. positive/negative Likert scale; 5. Checklist response format questionnaire; 6. Multiple line chart; 7. Line graph; 8. Typology; 9. Table; 10. Photo essay; 11. Bubble graph; 12. Bar chart; 13. Flowchart; 14. Photo-elicitation; 15. Spidergram; 16. Map; 17. Drawing; 18. Infographics; 19. Profile; 20. Kahneman; 21. Visual mapping; 22. Vignette; 23. Transcript ion; 24. Colour-coding; 25. Thematic analysis; 26. Notebook; 27. Expert; 28. Fictive artefact.

DV 29: Methods of Data Gathering showing the deployment of Researcher and RA1

Wi2			Wi1			SQ3			SQ2			SQ1			
meanings embodied in art	progress art	progress health&creativity	subjectivities - liminal	behaviours - liminal	structures - liminal	ill?	what is the perception and understanding of Gugging's processes from the researcher being an artist who is mentally ill?	place and mutuality	re-negotiation of self	creativity relationship	destigmatisation through living in art/und die Welt	destigmatisation through community	art	destigmatisation through	What is the nature of the artistic psychological process between patient-artist and artist-doctor in Gugging? <u>R- Researcher</u> <u>r - Research Assistant 1</u>
	r R	r R	r R	r R	r R	R	R	R	r R	r R	r R	r R	r R	r R	Observation participant
						R	R	R	r R		R		r		Observation -nonparticipant
	r R					R	R	R	r R		R		r	r	Observation disguised
R	R	R				R	R	R		r	r	r	r	r	Interview unstructured
R	R	r R	r R	r R	r R	R	R	R	r R	R	R	R	r R	r R	Interview semistructured
r R	r R	r R	r R	r R	r R	R	R	R	r R	r R	r R	r R	r R	r R	Interview structured
		r			R	R	R	R	r R						Questionnaire
	r R	r R	r R	r R	r	R	R	R	r R						Survey
			R		R	R	R	R					r	r	Secondary Documents
r R	R		R			R	R	R				r R	r R	R	Secondary Publications
r			R		R	R	R	R					r	r	Secondary Records
						R	R	R		r R		r	r	r R	Secondary Biography
		r	r	r	r R	R	R	R	r R			r	r	r	Secondary Websites
	r R	r	r R	r R	r	R	R	R	r R	r R	r R	r R	r R	r R	Art-based Photovoice
r R		r	r	r R	r	R	R	R	r R	r R			r	r	Art-based Site-specific
r R	r	r	r R	r	r	R	R	R	r R	r R	r R	r R	r	r R	Art-based Falling UP
R		r	r R	r R	r	R	R	R	r R	r R			r	r	Art-based Atelier
r R	r	r	r R	r R	r	R	R	R	r R	r R	r R	r	r	r R	Art-based Performance
r	r	r	r	r R	r	R	R	R	r R	r	r	r	r	r R	Arts-based Portraiture

DV 30: Evidence Source of Findings according to research sub-questions and wider issues

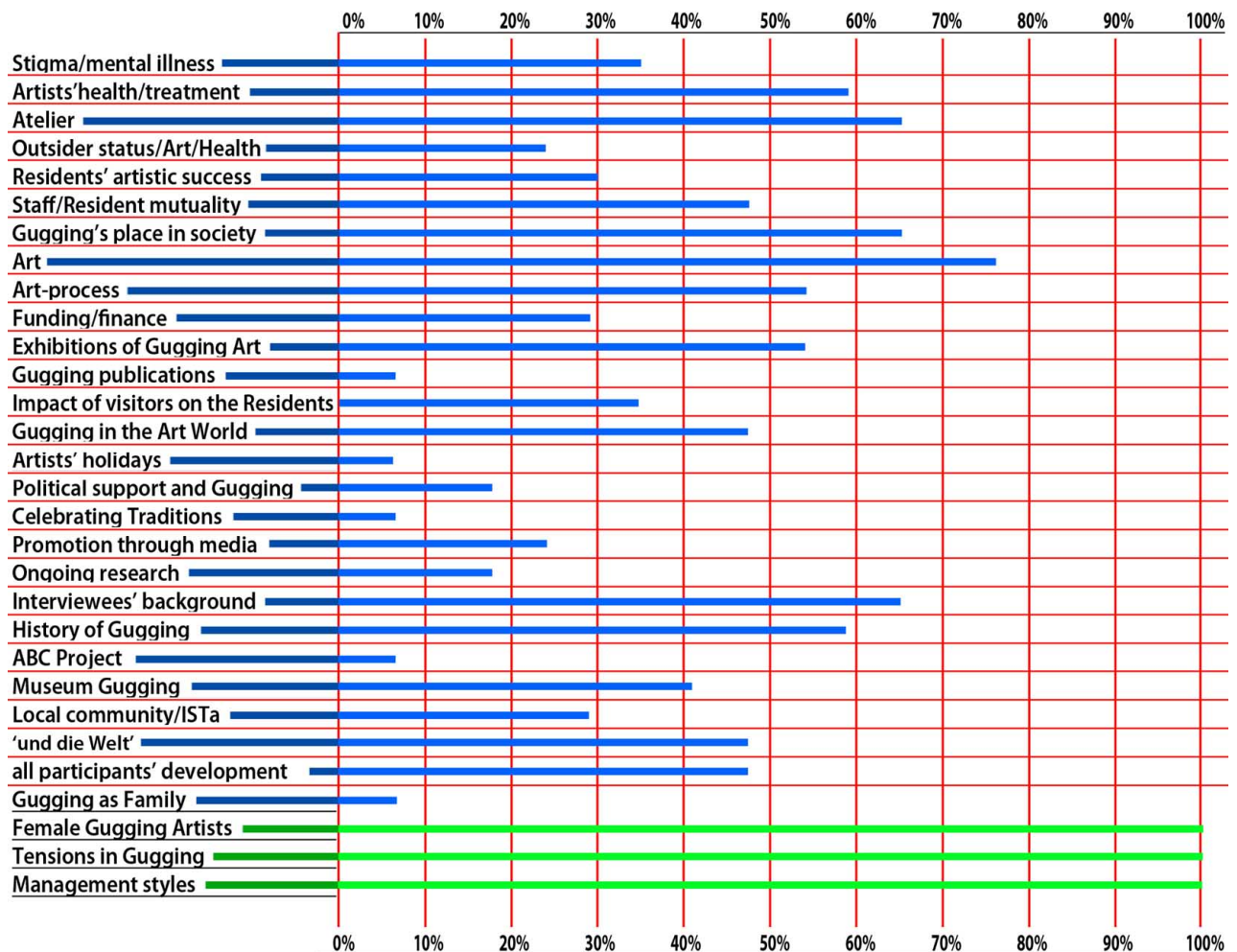
Triangulation of data gathering and composite descriptions of phenomena construct a picture that is both deep and broad, to perceive each person in the study as an individual, and part of a family in the context of the House of Artists and the other structural elements in 'living in art' and 'und die Welt.'

Comparing data across data-packages shows difference and commonality, in their relationships

sub-questions wider issues												Findings												sub-questions wider issues												Findings											
												Secondary Data	Interviews	Photographs	Participative	Falling UP	Exhibitions	Questionnaires	ART	Diary & Sketchbook	Audio & Video													Secondary Data	Interviews	Photographs	Participative	Falling UP	Exhibitions	Questionnaires	ART	Diary & Sketchbook	Audio & Video				
												1																						27													
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DV 31: Snapshot of Themes and Topics emerging within interviews in Gugging during 2017

The range of themes and topics represented in a typical schedule of interviews during an average research visit to Gugging in 2017

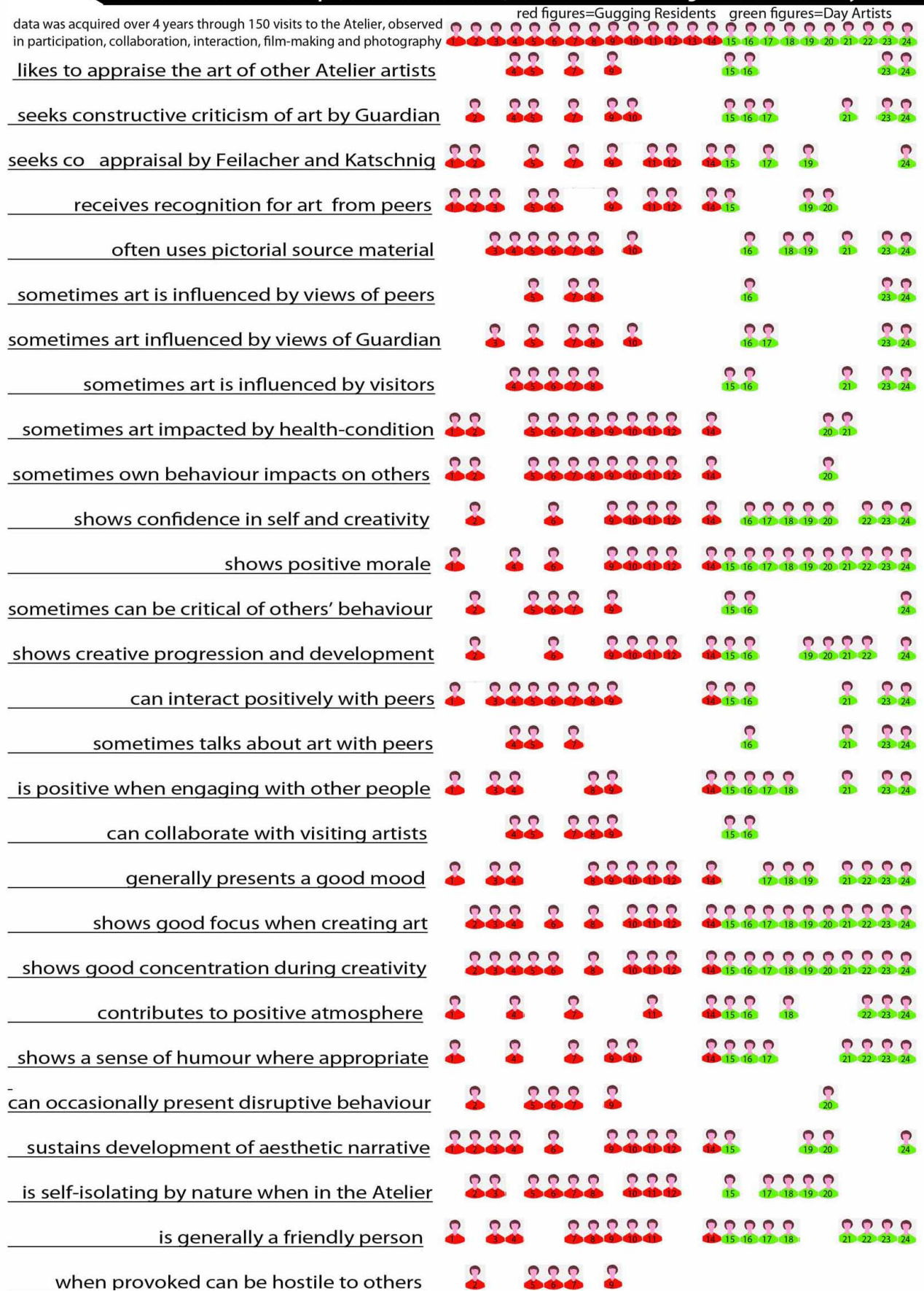


Noting and aggregating the popularity of themes and topics that emerged within interviews with 17 members of staff across multiple research visits in 2017, provided a snapshot of Gugging. Interviews during subsequent research visits were to include an exploration of the key focus-points to develop greater understanding of context for arising themes, and for the topics of importance to interviewees.

It was highly significant that Art was the most pervasive topic that crossed into the context for many of the other topics, particularly relating to the Residents, the staff's self-identification with Gugging as an art-process, in addition to the lasting power and cultural impact of the art created by Residents.

DV 32: Observation of Art-process: characteristics, behaviours and feelings of Residents & Day Artists

data was acquired over 4 years through 150 visits to the Atelier, observed in participation, collaboration, interaction, film-making and photography



DV 33: Self Portrait of Illness by the Researcher



-9 months in to treatment I was diagnosed with O.C.D.- 6 months later I was diagnosed with Asperger Syndrome-it started with statues-noticeable patterns in body shapes--sister accentuated forms-extreme checking responses-ruminating for hours-checking and testing and failing-I had a drop in the chest-I restricted viewing by holding my hand to my eyes-I tried to superimpose a black over pictures, films and real life-then sounds and writing began to generate negative visual thoughts-creases in clothes and fabric began to disturb me-I had to look down when people passed me-negotiation towards a peripheral viewing-only having a neutral view of things-always had to be with mum and dad for reassurance-when in the car-I needed to crouch down to avoid seeing things-I wasn't safe in the car-I still wanted to see-I still wanted to see the things-I shouldn't look at-I still had to see-I wasn't safe reading books-I wasn't safe watching TV-I wasn't safe looking out the window-I wasn't safe walking during the daytime-it even came to me in my sleep-I was reduced to only feeling safe with mum, dad and Andree-Kanga and Roo gave me a distraction-I was extremely limited as to what I could do-I was extremely self-conscious-I sought solitude in car drives during the night-with darkness concealing the world-movement in the car gave me a sense of escape-every night I walked with my mum or dad to an abandoned, haunted mansion-walking up the long path I was careful not to stand on the snails or the frogs that crossed ahead of me-I lost interest in eating-then comfort eating-constant mind pornography of nightmarish everyone was to be avoided in my mind-everybody was to be avoided in life-experienced sensitivity to noise-every day I wanted to commit suicide-I asked my parents to help me commit suicide-I walked in the woods-I read in the woods-I rode my bike down a hill and into a tree-I found deadwood-I played making creatures with the deadwood-I liked the loneliness in the woods in the rain, in the snow, in the dark-deadwood art waited for me



Chapter 5. Reflections on Practice: Analysis of Gugging

5.1 Introduction

The wide range of mixed methods employed in this research, including ethnographic art-based sources, generated data, which has led to a series of reflections on my practice as an artist with mental illness. These reflections interpret and reveal essential characteristics of Gugging's two processes of *living in art* and *und die Welt*, and relate these to literature, to my research questions and to my expectations as an artist with mental illness as I undertook research and art practice. As a researcher into Gugging's processes *and* a collaborative artist, I am able to perform within medical conditions that become investigative access-tools to interpret, describe, and renegotiate my position of wider cultural experience, to place *self* within the psychological and artistic domain of Gugging, as a contribution to evidence.

Data emerged in the field from multiple sources, as both primary and secondary data in Austria and in Scotland. This accrued qualitative and art-based information, often from the same event or activity. Collection grouped textual and numeric data with related visual data, to contribute visualisations and diagrammatic contextual illustration for all data sets; and through their combined representation, offered holistic analysis in complement to discrete analysis. This process led to a cross-referencing of data sets, connecting and identifying towards the formulation of fifty-two findings, addressing all aspects of the research inquiry focus and remit. The wide coverage of the research resulted in an intricate exploration of Gugging's system of operation. This was across Residents' lives within the process of *living in art* inside and across the four departments of the House of Artists (HoA), Galerie Gugging (GG), Museum Gugging (MG), and the Atelier; and in the parallel, equally important process of *und die Welt* in Residents' interactions with the wider world. This meant that the findings were numerous, and were a resultant outcome of the sheer amount of data generated. Data coalesced, providing a fuller, more comprehensive picture of Gugging, as findings and themes became apparent. The nature of the research expanded and developed in exciting and unexpected ways, developing the aims and objectives formulated at the beginning of the study. Rather than being irrelevant they actually

enriched the data analysis process, and were vital to include, in order to account for a broader evolving understanding of Gugging's complex infrastructure. Increasingly, historical, societal and political factors became relevant contextual realities to consider in the story of Gugging, in addition to the position of Residents' art in the art market as an important cultural factor.

This chapter shall present the following:

1. The types, categories and sources of data.
2. An analysis of the themes emerging from the findings, in relation to the research question, sub-questions and wider issues.

5.2 Types and categories of data

- Photographs by Researcher, RA1, Residents and Day Artists
- Photography and collage that describes experience by Researcher
- Photo diaries by Researcher and RA1
- Participative outcomes as artist/patient/Researcher
- Audio and notes derived from photo-elicitation/interviews based on artefacts
- Creative objects/artworks by Residents and Day Artists
- Textual evidence based on reflective engagement amongst others
- Video-recordings of Atelier and events across Gugging campus
- Video, photographs and notes from shadowing Staff and Residents
- Interview audio, video, and transcripts of research participants
- Note-taking from informal conversations
- Audio and reflective notes from walking with others
- Note-taking from general observation
- Photographs and video of site-specific art-making
- Artefact as site-specific art outcome
- Photographs and video of collaborative art-making
- Artefact from collaborative art outcome
- Artefact and textual contributions, including fictive-reality based objects by Falling UP
- Drawings and paintings from portrait-making and social observation
- Likert scales and visual prompt sheet-survey
- Gugging archive film and publications
- Gugging archive data on exhibiting, selling, collaboration, Residents' artworks
- Contemporary publications
- Gugging building plans
- Measurements made by Researcher to survey buildings in Gugging
- MG artworks, artefacts, publications (exhibition books – monographs and anthologies, posters)

- Atelier artworks and artefacts
- GG artworks, artefacts, publications (exhibition catalogue/booklets - monographs and anthologies, programmes, leaflets and invites), exhibition price lists
- Artists books
- Gifts and artworks from Residents and Researcher/RA1

5.3 Sources of data

<i>Primary sources of data in Austria</i>	<i>Primary sources of data in Scotland</i>
<ol style="list-style-type: none"> 1. Gugging staff from all departments 2. Gugging Residents 3. Gugging Day Artists 4. Visitors to Atelier 5. Academics 6. Contemporary artists 7. Artist collaborators 8. Therapeutic art professionals 9. Therapists and medical professionals 10. Social workers 11. Gallerists, collectors and curators 12. Politicians 13. The public in Klosterneuburg, Vienna, Linz, and Salzburg 14. Gugging and Contemporary Austrian art 	<ol style="list-style-type: none"> 1. NHS medical staff & third sector managers 2. NHS patients 3. Third sector and clients 4. Falling UP collaborators 5. Academics 6. Contemporary artists 7. Art therapists 8. Third sector artists 9. Private medical professionals 10. Occupational therapists and Nursing staff 11. Gallerists, collectors and curators 12. Politicians 13. Members of the public across Scotland 14. Contemporary art
<i>Secondary sources of data in Austria</i>	<i>Secondary sources of data in Scotland</i>
<ol style="list-style-type: none"> 1. GG publications 2. MG publications 3. External exhibition catalogues 4. Gugging promotional materials 5. Gugging social media & website 6. Gugging in the media 7. Public lectures on Art Brut 8. Art Brut exhibitions and art museums in Vienna, Linz and Salzburg 	<ol style="list-style-type: none"> 1. Art publications. 2. Exhibition catalogues. 3. Newspapers, magazines and journals 4. Online newspapers, articles and blogs 5. Social media on mental health awareness 6. Third sector promotional material 7. Public lectures on mental health and art 8. Exhibitions of art therapy and medicine

Table 1. Sources of data.

For further contextualisation of data and evidence for the research question, sub questions and wider issues see DVs 28, 29, and 30, pp.229-231.

5.4 Analysis of the themes emerging from the findings

Observations deriving from the research

As indicated above, the research generated fifty-two findings (see Appendix A, p.395). Reflection on these findings and the art practice, which was integral to the research process has led to a series of observations, which respond to the research question and sub-questions. These are discussed below.

5.4.1 Stigma and destigmatization

Gugging addresses the stigma of mental illness through its processes of *living in art* and *und die Welt*. Residents engage with society through their art, within the art market and in the Atelier alongside guest-artists. Residents may collaborate with artists and designers, often leading to durable, destigmatizing relationships of mutual benefit. GG combines the two processes to promote Residents' innate creativity and professional art practice, where resultant sales trigger health-benefits of self-esteem, social-acceptance, and recognition as artists. In 2019, Austrian law changed to meet all costs of residential health-care for mentally ill people, regardless of financial assets; prior to this, several Residents had been earning enough to fund their entire health-care in the HoA. Exemplifying the level of success achieved in the art market, the GG exhibition *Big Formats* (12/09/2019 to 08/11/2019), displayed eight works by eight artists with a total selling-price of €421,900. The group comprised five Residents, one Day Artist, and two internationally renowned Art Brut artists, all professionally represented by GG. This integrative-composition of GG artists positions Residents with their peers in the art market. The *Big Formats* exhibition has been part of a trend, signifying inclusion, increasing financial and cultural-value, and sustained artistic respect, afforded by collectors and curators over five decades; contributing to Gugging's success as an artistic-brand. GG augments Residents' experience of *living in art* through their participative-inclusion in society within the parallel-process *und die Welt*. The synchronic-operation of Gugging's four infrastructures and two processes engineers consistently high standards of societal-access, cultural-exposure, and lucrative sales, all of which destigmatize mental illness in diverse ways.

Through its ubiquity and quality of creativity, Residents' art has become accepted, and contextualised within art history. Purchased by curators and collectors, Gugging Art has an after-life in galleries and museums across the world. MoMA in New York invited Director Feilacher in 2018, as a consultant in the development of its new gallery for Art Brut, Outsider Art and Autodidactic Art. Interestingly, deeming these labels as inappropriate, a temporary name of *Popular Art* was selected. Associated travel-opportunities empower both Residents and others, through their role model as successes. Becoming an educational focus, and culturally significant by participating in culture, Residents contribute agency for their own art. Concurrently, during September 2019, there were three exhibitions featuring Gugging Art in Vienna. In the Albertina, the donation of the Chobot Collection of Contemporary Austrian Art displayed Gugging Artists Fischer, Tschirtner and Walla, alongside works by internationally renowned artists Hrdlicka, Rainer, Frohner, and Gironcoli. Galerie Konzett displayed an exhibition of the late works by Gugging's Johann Hauser; and across the road, in the window of the Susanne Bauer Galerie, the Gugging Artist August Walla was displayed next to French artist Georges Rouault.

The many social interactions between Residents and the public are prepared *precautionary risks*, at all levels of engagement. As Residents gratefully accept the challenge of being an artist, who meets visitors, their well-developed social skills and artistic confidence integrate with visitors' behaviours, which reflect curiosity, admiration and interest in the Residents as respected and talented artists. Although some Residents show the demeanour of their illness, they do not exclude themselves from participation, and the public do not shy away or fear engagement. I never witnessed any circumstance of pity, stigma, or medical-tourism, directed towards Residents. Instead, I always observed the two *parties* deeply interested in one another, albeit primarily one for art, the other for momentary access to incomers.

As Gugging's nonlinear infrastructures evolved sequentially, they grew access to and for incomers in broad demographics of disparate interests. Various, to GG, gallerists, collectors, curators, individual buyers and cultural tourists; to the Atelier, artists, with or without mental illness, therapists, social-workers, and interested members of the public; to MG, cultural visitors, students, school pupils, families, and members of the business community; to the HoA, invited guests; visitors to MG to view Gugging Art

exhibited in the context of international Art Brut; visitors meeting the Gugging Artists at exhibition events and openings; famous contemporary artists and designers seeking inspiration in Gugging Art, or collaboration with particular Gugging Artists; and parents & children attending Gugging family events. These reasons to visit contribute different opportunities towards an understanding of Gugging Art and the lives of the Residents. Beginning in 1998, the gradual development of these infrastructures materially and tangibly led to the Residents' outsider-status becoming modified and reconfigured towards a position of belonging to the burgeoning and increasingly important re-defined version of Art Brut, *as* part of contemporary art. Gugging does not elicit feelings of pity, or the fear I have experienced when visiting institutions and therapies around Scotland. Gugging Residents experience through *living in art* a participative lifestyle of purposeful activities and progressive interactions, experiencing being valued as the centre of interest and attention; and this results in high levels of maintained self-esteem. Their active contribution through *living in art* creates a new vocabulary – a language of diversity and integration. Simultaneously, Gugging's framework for Residents' healthcare, social support, and inclusiveness through restorative structures of family, resilience and opportunity, justifies the deployment of long-termism. This is a necessary and apposite solution for those living in sempiternal conditions of chronic mental illnesses, in an integrated system of its two processes, where the Residents become a cultural asset instead of a social liability to society.

5.4.2 Mutuality and the importance of place to becoming a part of society

The importance of the HoA is its paradoxical symbiosis of being a sanctuary-home and Residents' springboard-into-society. Stepping outside their home to go to work in the Atelier is a *return* to society, crossing boundaries of potential discomfort, but it helps re-define the Residents unto themselves, through chance engagement with incomer-strangers. Relationships across Gugging's community are atypical to healthcare art projects through their openness and receptivity towards the influence of incomers; and particularly, the degree of emotional-risk within events and activities. In these relationships, each gains benefit from the other. Repeated social and artistic crossover-opportunities develop Residents' interactive-ness, and identification with incomer-visitors, allowing social connection and reflexive-knowledge of personalities

and idiosyncrasies. Both Residents and staff reveal a clear willingness to get to know one another to create a bond of trust and understanding, operating as co-workers and co-inhabitants of culture to mutual, personal and professional benefit.

Evidenced in conversation, interview, observation and participative methods, were high levels of joint-purpose, co-operative functioning, and flexibility within the family-life of the HoA. From Monday to Friday, after breakfast, the Residents go to work. Some choose to begin art-making at home, whilst the majority resume ongoing work in the Atelier from 10:00 until 12:00 alongside the Day Artists, whom they cordially greet as friends. Also present, might be incomer-guests, interested in the Atelier artistically or psychologically. Within this climate, Residents are trusted to just be themselves, and continue their art practice. At 12:00, formal goodbyes are said, and Residents return home for lunch and medication. From 13:00, they begin individual communal-maintenance tasks in the grounds, where they might encounter visitors to the Walla Room, ramblers passing through the Vienna woods or members of the adjacent tennis club. At 15:00, those working at home in the morning, accompany the others to continue their art practice until 17:00 in the Atelier. By the end of a typical working-day, Residents could have randomly engaged incomers-of-different-purpose, in the Atelier, GG, MG, its shop and café; on the pathway to the HoA; or elsewhere in Gugging's extensive grounds. Residents co-occupy unobtrusively supervised social, psychological and artistic spaces in a public environment celebrating their creativity, as the outside world comes into Gugging. Residents experience daily social opportunities when they visit GG, members of staff in the Art/Brut Centre, or during their smoking breaks in the outdoor courtyard. Residents' engagements with others reflect their individuality, and personal choice to interpret the familiar routines that structure the mutualistic character of their reciprocally functioning environment (see DV 17, p.218).

Since 1986, Gugging's processes function similarly to *Exposure Response Prevention* therapy (ERP), which encourages patients with OCD to confront their fears allowing obsessive thoughts to manifest themselves without the patient attempting to neutralise them through harmful compulsive behaviours. Patients learn to manage their anxiety levels and to bring those levels down, until they become comfortable with their once *distressing* triggers or stimuli. Having received ERP during my own treatment, I have

drawn parallels to the deployment of an ERP-*like* therapeutic method in Gugging, as Residents habitually approach a series of potentially anxiety provoking physical and psychological *horizons* generated within Gugging's infrastructures, to interact *in* society. Residents are able to cope with meeting people across the spectrum of life. And in a variety of situations their conditions do not make them unhappy or agitated in doing so. At these horizons, diversities merge in efficacious communal psychological and artistic behaviours. These frequently extend beyond Gugging's campus. Influential cultural figures, inspired by the Residents' art, have significantly participated in these processes. As a *family business*, GG has capitalised on this support, constructing networks into culture, to create a platform to project Residents' art into the market, and to curate experiences that help Residents to help themselves, materially and curatively. Meanwhile, Residents also contribute to a wider agency against stigma through their individual success against all odds, albeit in some cases, unwittingly.

The topic of art pervades the themes and vocabularies of all interviewees. Through commutuality, staff interviewees connect within respective roles to co-deliver *living in art* and *und die Welt* (see DV 31, p.232). They express satisfaction and achievement, for their contribution to Residents' successes. 92% of all staff, and 100% of department-heads, as reported in the data, consider Gugging *a special place*. From its Hapsburg origins as a psychiatric hospital, its definition of place has been a sensitive issue, as history left an indelible mark on the place and people of Gugging. No one is unaware of its past. Today, Gugging's *people* and *place* together embody a humane community of ethical redemption; not just against Nazi atrocities committed on site, but also redemption in the lives of today's Residents, through lifelong-care within culture. As a place, Gugging is many spaces. Spaces configuring liminal *and* supraliminal experiences for Residents, staff and visitors to the campus, through the following:

- MG - International exhibitions programme connecting Gugging Art to Art Brut, outsider art and contemporary art - educational programme, curation and scholarship

- Museum Shop - Art books, exhibition publications, monographs and catalogues, local craftwork, designer products and Gugging-branded merchandising
- GG - Residents' gallery space, including invited Art Brut artists and contemporary artists - a marketplace for Gugging Art, where curators and collectors build relationships with Residents
- Atelier - Open-studio for the art practices of both Residents and guest-visitors - a site of artistic collaboration with contemporary artists
- ABC Project - back-to-work initiative supporting people recovering from mental illness
- Birdman House - space to hire for business training activities, events and private functions
- Café-Bistro am Campus - café-culture, informal socialising, and venue-catering
- The Art/Brut Centre - a venue for international cultural events and a tourist destination
- The Gugging campus - as a tourist destination, partnered with Klosterneuburg Abbey and the Dom Museum in Vienna – in addition to a venue for local traditional events
- A dedicated office-space and meeting venue, for the Governor of Lower Austria

Every person coming to Gugging, whether staff or visitor, is there because of its Residents' creativity and art; but everyone together, comprises a special opportunity of enrichment through mutual engagement.

5.4.3 Co-operation and the processes of *living in art and und die Welt*

Residents live within a communal, familial lifestyle, observing the purposeful structures of traditional Austrian family life. These include, supported-participation in the upkeep of their home, performing food preparation, cooking, washing-up, room cleaning, and simple laundry tasks. Additionally, Residents undertake outdoor maintenance and conservation. The physical, affective, and cognitive nature of

activities, reduces isolation and inactivity. Being in one another's company, peer bonding and a sense of ownership are noticeable, especially when relaxing together afterwards, in the outdoor-recreation space. Since 1986, this has been a foundational way of life, where traditions of family underpin the Residents' similarly pro-active, experientially structured, hands-on enterprising lives as artists.

Residents have a workplace and a home that is also their private-studio and house-gallery. *Living in art* begins there, with *und die Welt* potentially happening the moment they step outside. Helfert describes her principal responsibility as Nurse Manager, in the role of, 'accompanying' and assisting Residents within the set-up of the HoA (Personal Communication - Helfert, A. - 13/02/2019). She considers its supportive environment the best provision for the Residents' unique needs as artists, 'where they can feel able to function, both socially and creatively, to the best of their ability' (Ibid). When Residents work with people, or organisations outside Gugging, their learning from that supportive environment needs to culminate in confidence, to successfully apply skills in new contexts and places, when visiting exhibition openings or events in Austria, or abroad.

Recently, five Residents and a Day Artist travelled to the famous hotel Schloss Fuschl on a working-trip, with three Gugging support-staff. On arrival, thirty-nine Schloss hotel-staff stood in a guard of honour, as Resident Garber took out his harmonica, and danced to a tune, drawing rapturous applause. Residents assisted hotel managers to ceremonially hang their art next to works by Old Masters. Applying Gugging-skills, all six assisted the chef to prepare and cook their own Wiener Schnitzels. According to Helfert when interviewed in the documentary *Gugging at Hotel Schloss Fuschl* (directed by Frank Zintner, 2019), she said:

What I really believe makes a big difference, is that the recognition they get for their artistic work is not compassion, simply telling them they've done something nice, it's genuine recognition. And actually, that's what they don't get anywhere else (in their lives).

5.4.4 Empathy and understanding

All types of data evidenced staff and Residents in reciprocated-behaviours of empathetic relationship, functioning across all of Gugging's four infrastructures, through the two processes. Staff respect Residents as successful people, and have a profound working knowledge of each personality, ambition, and creativity. Interestingly, this was reciprocated by Residents. I was surprised by the *loving nature* of relationships among staff and Residents; seeing archetypes of familial-love in the HoA; selfless-love in care-staff and Guardians; friendship-love between favourites; pragmatic-love within a shared-vision; and self-love through self-confidence and self-esteem. Staff acknowledge, and steadfastly believe in, the important artistic legacy created by the Residents, *and* Gugging's unique project of healthcare. They promote this belief proactively, with energetic enthusiasm to all incomer-visitors. This is not typical in Scotland, according to my investigations into art, health and recovery in institutions and third sector organisations, where I observed a general lack of having a vision and applying it; crises of confidence; disharmony; and unbalanced, disunited relationships between staff and client-groups (see DVs 1 & 2, pp.202-203). Gugging staff strongly identify with their role in generating and sustaining the evolving progressive-experiences of Residents. Staff have individual value through their contribution to the development of Gugging's purpose, and are consulted in daily departmental meetings, and encouraged to make improvements to operational procedure and future developments. They feel pride in playing their part in Gugging life, through facilitating its system. Commitment thrives through personal-growth and empowerment as staff write books, install exhibitions, sell Residents' art, create social media, and attend art fairs abroad. Their professional growth benefits themselves and Gugging.

Feilacher established Gugging's style of empathetic-practice as communication and action, over decades with the Residents. Having witnessed its application variously with the full range of staff throughout my investigations, I discovered an unusual early exemplar in a 1995 archive-film of the HoA, where Feilacher was engaged *in conversation* with a Resident called Kamlander, who was a deaf mute. Kamlander had never learned conventional Sign Language; instead he created a private language of gesticulation, arm-waving and facial expression. In order to learn *Kamlander-*

language, Feilacher had painstakingly observed him *speaking* to other Residents. In the film, Kamlander was reluctant at the time to resume his art practice. To discuss Kamlander's thoughts and feelings, Feilacher engaged him in a complicated visual-interaction of happy faces, indifferent ones, and frowns, accompanied by gymnastic-gestures; eventually convincing Kamlander that creating his art would feel good for both. Residents appear to understand and accept intervention, as part of staff custodianship of their health. This has been the foundation to enable creative productivity and interpersonal activity. It places Residents' art practice at the focus of GG's function as a business model to increase not only their wellbeing but that of the staff. Gugging's pragmatic model of empathy supports Residents into cultural society, within the mutuality afforded through co-participation.

5.4.5 Structures, behaviours, subjectivity of perception and interaction in liminal space

The psychiatric conditions of Residents and Day Artists do not diminish their creative development but they can temporarily influence communal behaviours, within the liminal function of the Atelier. As a group, they are unified by living with chronic conditions, and have learned to accommodate such lapses in their peers. There is no pre-set expectation of individual creative development, and each Resident and Atelier-guest works inventively in their own ways, with autonomy over artistic matters, just as any professional artist has.

Gugging has no destructive jealousies. Instead, there is curiosity, competitiveness, and sincere expressions of admiration for peer-achievements. Moments are taken to praise work-in-progress, and share stories of exhibition successes. Referring to a joint-exhibition of Residents in MG, Feilacher explains, 'all of us are in the same game, psychologically more or less. Garber and Vondal are great friends but still jealousy exists' (Interview - Feilacher, J. - 02/02/2019). Interviews and conversations show that everyone in Gugging feels part of something important and significant, to culture *and* art. By being in-situ, staff, Day Artists and visitors are systematised within Gugging's processes to *accompany* Residents, as key elements within recovery-lifestyles; albeit by happenstance, through unconscious engagement. Visitors' presence initially provides a structural-essence of their *normal* lives, which stimulates Residents' perceptions and subjectivities in a multidimensional, liminal dynamic. Therein, social

understandings have the opportunity to realign and reshape according to each different motive for being in Gugging. All staff show confidence and trust in the immediate and long-term benefits of the liminal-exchanges between Residents and incomers. Staff themselves have operated effectively within them too, some over decades, with many different colleagues and Residents, proving continuous viability and efficacy of the two processes.

The system activates Residents to contribute in society as artists. Their interrelationship with society attracts and brings visitors into *und die Welt*, but Residents are not merely the reflexive subject matter of visits by others. Feilacher says the Residents like to show they are part of the art world, and, ‘they are self-conscious and confident knowing this’ (Interview - Feilacher, J. 02/02/2019). But he believes for them to fully belong-to-society, entails Residents earning money from their art. Feilacher holds that, ‘Gugging is their world’ (Ibid), stating that without the infrastructures of Gugging, they wouldn’t be able to integrate as purposefully and successfully. According to Feilacher, ironically it’s more important to Residents to be recognised in Gugging by their peers, than internationally (Ibid).

Since 1986, Gugging’s original infrastructure has been developed radically; but Feilacher did not consider this a problem, employing a strategy where all subsequent-elements, ‘must change together, altogether – the danger is that it divides, then it will be destroyed soon’ (Ibid). To ensure infrastructural activities operate with continuity and unity within the two processes under one system, Feilacher prioritises the recruitment of staff able to, ‘work together - work under one idea’ (Interview Feilacher, J. - 13/06/2016); and able to bestow something to Gugging’s sustainability. According to Feilacher, his solution to newcomer-tendencies towards, ‘everybody wants to be the best and the first’ (Ibid), has been to establish for all staff, a single Gugging-vision. A crucial staff function is their unobtrusive co-surveillance of Residents, who freely-move across the campus and throughout the Art/Brut Centre. Collectively, staff can enact care through their presence and supervisory responsibilities, to ensure the security of the Residents in safe environments of social and artistic engagement, as artists. All staff are aware of Residents’ severe cognitive impairment and low pro-activity. They comprehend the essential framework of routine and structured habitual-activities, which supports Residents to live purposefully as

members of a family; in which, according to Feilacher, ‘they can have freedom...and the programme that you make, is an individual system for each person’ (Interview - Feilacher, J. - 16/06/2016).

Of great importance to the character and functioning of Gugging, and significantly guiding its positioning within society, is the ethos Feilacher sets, where, ‘the treatment isn’t the important thing. Their behaviour is the important thing’ (Interview - Feilacher, J. - 01/03/2017). In their day-to-day operation in Gugging’s system, Residents’ social and creative behaviours form a personal eco-system of texture, shape and sustainability, subverting traditional hierarchies of art, and of health. Behaviours that redistribute and re-contextualise Residents, place their art, and themselves, inside many public galleries across the world, not just in MG. According to Höger, ‘Museum Gugging is not a museum for Art Brut, but for art’ (Interview - Höger, M. - 19/09/2018); where the social structures for Residents mirror the social structures in society, ‘to meet on an eye-level...meeting eye-to-eye’.

Medical-historian Czech (2018) believes that *had* Gugging developed somewhere other than *in* Gugging, it would never have suffered from negative-exceptionalism related to WW2; or to have been problematic as a template of art and healthcare for other systems of welfare (Interview - Czech, H. - 12/09/2018). Despite this penalty, Czech stresses that the HoA was a very unique situation that developed as a result of very specific individual people, with unique abilities to make this possible at that point in time (Ibid).

Atelier co-founder Reese (2016), speaks of the very many visitors hoping to set up open-studios, always asking, ‘How did you start? How was it possible? How can you survive? How are you financed? What’s your Coca-Cola recipe?’ (Interview - Reese, F. - 15/06/2016). Remembering this last question, and conscious of Gugging’s exceptionalism, Reese laughs, recalling both negative and positive reactions to Gugging’s achievements. He observes that both perspectives acknowledged, ‘there was no way to start something without knowing Gugging...so, on this level the influence of Gugging is, there is no way to underestimate this, very, very strong’ (Ibid).

5.4.6 Defining progress in health and creativity, health through art

Gugging's ethos is outward looking, and its system supports Residents towards embracing purposeful contact and connection in society. Therefore, measurement of progress in health and art is contiguous and intertwined with progress in participative behaviours, within *living in art* and *und die Welt*. Progress is not a prohibitive measurement. It is in proportion to individual pathways towards confident and contented participation in both life as an artist, *and* within family-life. Progress is based on each Residents' contribution via the value of their unique *personhood* to the family. Creative development and person-centred art practices evolve under the banner of *Family-Gugging*, and *if* any family-member has yet to mature for exhibition and sale, then metrics are applied over a longer timescale.

It is strikingly noticeable that when any fluctuation in health related to underlying psychological disabilities arises, it rarely disrupts or impedes the constancy of psychological stability or functioning for the rest of the group. The in-built, ongoing support measures that protect health and promote lifestyles of resilience also monitor any condition-related symptoms. In Gugging's public infrastructures, its multi-disciplinary staff can assist with tact and the lightest of touches, to contextualise health issues, and provide team support with genuine mutuality of respect and kindness. Everywhere, throughout the campus, the atmosphere is slow-paced and gentle, with a noticeable silence. Nothing is forced or sudden or loud, but the spirit is highly positive, and there is a sense that creativity is the foundation and purpose behind everything. Progress in health and art is also measuring the Gugging environment, as health itself, becomes systemic and a holistic element, to be cared for itself.

Social media officer Wildmann, chronicles, 'a silence in Gugging when you come here, a certain magic. The area is influenced by the Artists, and also the *air*' (Interview - Wildmann, E. - 13/03/2017). This prevailing state is only altered by the patterns within psychological conditions, if a Resident unexpectedly runs away, or inadvertent teasing and its reaction, go a little too far. These are a necessary part of particular Residents' lifestyles and identities, representing normal-rhythms. No one is chided or removed in this regard. Through risking these possibilities, Residents are accepted for *how* they are by their peers, visitors, and staff.

Silence is the tonal-ambience in Gugging, but not an imposed restriction for Residents. During an Atelier-observation, with RA2 (on 01/03/2019), we both concurred that Residents Lenny, Andi, Erich and Jürgen, were inclined to become unfocused, either as a result of intermittent psychological disturbance, or in reaction to the arrival of someone familiar. We noted that Guardians were attuned to the behavioural habits of all Residents and Day Artists, and knew which individuals compulsively needed to express emotional reactions. Although each of the four Guardians had different qualities and personalities, each could defuse sensitively and swiftly, any disruptive situation by effectuating the potency of personable contact, to transform social difficulty into a moment involving their participation.

Gugging life observes Austrian traditional celebrations with a calendar of health-giving events for its Residents to enjoy nostalgic cosiness, have fun, and to get dressed-up for parties in the HoA. These private occasions strengthen the wider family-bond between Residents and staff; and balance the Art/Brut Centre's *work-related* events programme. Both sets of activity combine to give Residents exposure to different circumstances, as a lifestyle. In-between are intermittent, unique artistic circumstances for Residents to connect with famous artists, who admire Gugging. Apart from taking inspiration, these artists give respect, long-term connection, and often friendship. This wide variety of experience provides so many different angles on the Residents' wellbeing and creativity, and a selection of metrics to apply in their measurement. Such access on a daily basis to a procession of personalities, demeanours, appearances, attitudes, styles, and artistic abilities, tests the Residents' capacity to accommodate social environments over time on a large-scale. The Residents do not appear daunted by this continuous-experience, and their art practice is not disrupted by it. It contributes to their feelings of being part of the outside world, and not only of Gugging; for they are not only passively receptive in their experiences, they are responsive.

5.5 Further emergent observations

In addition to the themes, which emerged from the research directly related to the research question, sub-questions and wider issues, a number of further observations were identified as follows.

5.5.1 Longevity, continuity and satisfaction

A significant factor is the processions of numbers, not only to describe time-spent by Residents art-making, but in differentiating individualities within those lives lived-in-Gugging. Some Residents lived as patients in Gugging before the HoA's conception. Franz Kernbeis and Heinrich Reisenbauer, aged eighty-four and eighty-one years lived in both *Guggings* for sixty-seven and sixty-three years. Both were under the psychiatric care of Navratil, for thirty-four and thirty years; then under the artistic and psychological care of Feilacher, *both* for thirty years. From 1986 under Feilacher, Residents created their art for a minimum of four hours daily, five days weekly, fifty weeks each year, with two weeks holiday. Thus, Kernbeis and Reisenbauer will have spent a minimum of 33000 hours art-making. According to Feilacher, from 1969 Navratil's patients had spent similar amounts of time. An estimated total, under both Directors is 50000 hours over fifty years. With proven creative stamina and still-fresh creativity, in 2019 Reisenbauer created forty-one artworks exhibiting six times in Austria and four abroad. He also collaborated with UK fashion designer Christopher Kane, with his art on the catwalk in London. Residents play a self-evolutionary role, as they *future-make* (Pink, 2015).

Longevity and retention of staff is a factor in Feilacher's Gugging. As additional infrastructures evolved, new roles emerged for new staff to define and deliver. Initial limited funding necessitated original staff functioning within multiple roles across unfamiliar disciplines; accruing benefits of holistic understanding. This policy continues today, where only four from twenty-two staff have one work-role to contribute. Gugging's holistic approach to its workplace is multi-disciplinary and inter-disciplinary, empowering creator-staff, who innovate and manage; and facilitator-staff who deliver functional processes. Observing staff over six years, I decided to canvas feelings about working in Gugging through a two-stage survey-task, firstly with staff of frequent-contact with Residents, followed by staff of limited-

contact with Residents (see DVs 24 & 25, pp.225-226). Staff responses signified self-confidence through experience in Gugging, but some were overawed by Residents' achievements, the high functioning of senior staff, and Feilacher's expectations. In considering these perceived feelings of *not being worthy*, and self-doubt, I wondered whether the Austrian temperament of being highly formal, pragmatic, deferential to authority, and veneration, was in part responsible.

Nonetheless, interdisciplinary work-pressure of events/exhibitions/art fairs, which increased from 31 in 2015 to 105 in 2019, saw no staff departures (As a comparison, The National Galleries of Scotland had 300 events for its three galleries in 2019). For newer staff, there appeared initial difficulty, because Gugging was not one workplace, but several - an art-centre, psychiatric clinic, open-studio, and art gallery. The frequent-contact group scored 20% higher for the selection of *part-of-a-team/vision/inspired/consulted/friendly*, than the limited-contact group, yet both scored equally low for *valued/useful/fulfilled*, and equally high for *special-place*. RA2's observations, to a large degree, endorsed the above:

The role of supervisory, administrative and support staff: Everyone I talked to had a strong sense of commitment to everything that Gugging represented. Nina (Katschnig) explained her role at some length in an interview with Drew and went to some lengths to describe the support structures that had been developed to enable (and empower) the resident artists – and, also those who had been drawn into the Gugging network. Likewise, Angelika (Helfert) talked about how first she came to Gugging and how, over the years, she had become ever more involved in the development of a caring, nurturing environment (Personal Communication - Kilborn, R. - 01/03/19).

Katschnig set up GG twenty-five years ago, and has responsibility across four areas of operation; MG, GG, and for social-care, and the creativity of Residents. She selected all fifteen positive feelings-indicators, whereas Kaiserova, with three years as a part-time Guardian, and having a single responsibility, chose two positive feelings-indicators. Parucki, with twenty-eight years in Gugging, has two responsibilities for MG, and education, and selected seven positive feelings-indicators, noticeably not selecting *valued, involved, fulfilled or useful*; yet Mühlbacher, with two months of service as Registrar of artworks, with two responsibilities within MG and GG, selected ten positive feelings-indicators including *valued, involved* and *useful*.

It appears that neither longevity is a determinant in the high selection of positive-feelings, including *valued*, *involved* and *useful*, nor shorter-term a determinant for low. Importantly, the majority selected Gugging as *an inspiring place*, and *a special place*. Long-term observation of all staff, functioning across infrastructures, revealed a very high degree of professionalism, commitment and pride in their contribution to the operation of Gugging. Their proven competencies delivered an essential, increasing programme of events and exhibitions, in addition to accompanying and caring for Residents, and their artworks, to exhibitions in Austria and abroad. Staff comprising different gender, generation and nationality, co-operated effectively as a diverse working-family, akin and analogous to *Family-Gugging*. A highly notable feature, and one of the first things Professor Kilborn commented on, was the very large number of female staff, with roles of considerable responsibility; and he speculated that it was higher than the norm in Austria (Personal Communication - Kilborn, R. - 11/02/19). He commented that perhaps this counter-balances the predominately male Residents (Ibid).

First, second and third generations of Residents are friendly by nature, demonstrating high levels of morale, self-confidence, and faith in their own creativity. For 2019, the typical creative output by generation was as follows: Reisenbauer 81 years-of-age and 41 artworks; Andi 60 years-of-age and 69 artworks; Lenny 37 years-of-age and 18 works. Residents' art production is impacted on by their conditions, and this results in irregular patterns of work-pace, phases of incomplete works, and Residents' feelings towards what they produce. Since 2014, my observations found that 7 out of 13 Residents demonstrated continuous artistic development. 9 out of 13 consistently showed focus and concentration, whilst the 4 others had a rhythm of frequent breaks, for a walk or a cigarette. 5 out of 13 were occasionally disruptive, dependent on the composition of occupants in the Atelier. 10 out of 13 were affected by their medicine, through sleepiness or a slower gait. Only 1 Resident was easily distracted. 6 out of 13 sought constructive criticism of their work, but weren't dependent on praise or disrupted by criticism. 10 out of 13 sustained artistic-narrative development. 7 out of 13 sought co-appraisal by Feilacher and Katschnig for exhibition in GG. 8 out of 13 presented a good mood consistently, and could interact positively with visitors without support. 9 out of 13 were self-isolating by nature, modest, shy and respectful, but still made an effort to socialise (see Analogue slide 10, and DV 32 pp.182, 233).

Based on personal experience and observations, I devised *descriptors* to differentiate the style and proportion of functional-contact, of the four Guardians and the Nurse Manager towards Residents & Day Artists. Using 1-to-5 scoring, I recorded as staff initiated functional-contacts during morning 2-hour-sessions, over 25 days. Score-codes were: 1 = three contacts or fewer; 2 = four to six contacts; 3 = seven to nine contacts; 4 = ten to twelve contacts; 5 = thirteen-plus contacts. The averaged-scores below are from all sessions, and represent *all* staff as the composite of variations, because the Residents & Day Artists would experience this over time-supervised by all staff. Source-score variations suggest that Guardians and the Nurse Manager are given license to *differently* define themselves through their practice, to form a balanced group of individuals.

Average	Descriptors
5/5	Responsiveness to creative needs + to psychological needs
4.5/5	Encourages creative practice + offers technical support for creativity
4.3/5	Confidence in role + shows empathy
4/5	Provides physical reassurance
4.2/5	Protective of Residents & Day Artists
3.9/5	Sharing liminal space
3.6/5	Empowers social relationships
3/5	Shows a sense of humour
3.2/5	Displays a mutual-style of approach
2.9/5	Deploys artistic insight

Table 2. Average for Descriptors designating style of staff contact towards Residents.

Each staff member functioned in a personal-style of delivery of thoughtful engagement, enacting respect for Residents & Day Artists as people, and as artists. This unregimented approach mirrored the diversity of the Residents & Day Artists. Staff who scored highest for *Confidence*, *Empathy*, *Humour*, *Sharing liminal space*, were long-serving Heads of Department Ramona and Angelika (twelve and fifteen years). Ramona made the most use of her art practice. Although with only three-years-service, Alja and Lucie were strongly assertive. The value of this particular observation process was to see and hear first-hand the working-practices within a wide

range of liminal exchanges amongst participants. Observations evidenced that there was more than one approach for destigmatizing interactions, mutual renegotiation of the self, and the significance of the different environments of Gugging to the development of health and creativity.

5.5.2 Survival and bridging the divide to society

Residents can negotiate personal-choice of movements beyond the HoA, and Atelier to balance formality in their schedule with freedoms. For example, Karl uses the courtyard socially; Max walks downhill to the ISTA duck-pond; Garber walks further downhill to the BILLA supermarket; Thao takes the 239 Bus to Klosterneuburg; Erich takes the 239 Bus to Klosterneuburg, then a U4 Underground train to Vienna. Privilege to travel independently beyond Gugging is a contract of trust, placing co-responsibility on Residents and staff. Only after careful planning and preparation, can Residents access these spatial equivalencies to the freedoms they have in their art.

There is no end-result, or desired distance for all. Garber has made the same walk every day for decades, to buy provisions; Erich's journeys progressed over greater distances, as his evening-classes were in different schools; Karl enjoyed people moving through his chosen space; Max's journeys will soon extend, because his brother recently re-located to Vienna. For Jürgen, Andi, Helmut, Lenny, and others, they can only travel accompanied, mainly to exhibitions of their art; anywhere from Klosterneuburg to New York. Residents are able to cope extremely comfortably with visitors, and they are particularly contented in the habitual sharing of their Atelier. The majority of Residents, Day Artists, and staff partake in shared humorous experiences, spoken and slapstick (see Analogue slide 9, p.181). Those unable to participate directly, and of a more serious disposition, are not unhappy or uncomfortable, and they enjoy humour passively. The desire of all Residents is to bond with others, especially with the Day Artists, who represent to Residents *what is happening in the outside world*.

5.5.3 Humour

There is a playful interaction and mutual inquisitiveness between Residents and visitors. The former finds great pleasure and satisfaction in being the object of the

latter's direct interest and attention; and most visitors appear flattered to be in the company of the famous *Gugging Artists*. In this particular liminal space, mutual engagement *and* an appreciation of identity and personality, flourish in the atmosphere of high creativity, and occasionally, humour. Enjoying humour communally shows acceptance of one another, and happiness in company, whilst those contented on the sideline enjoy, as wider-company, vicariously. Emotional needs are realised in ways that access and exchange personalities too. Spur-of-the-moment interactions help to maintain in Residents healthy individualities, and pathways to sociability.

Humour is different in each Resident. Max - dark, witty and surreal; Jürgen - physical and surreal; Lenny - physical; Katharina - self-deprecating; Garber - self-deprecating and observational; Andi - self-deprecating and improvisational; Helmut - self-deprecating; Günther - improvisational; Karl - topical and observational; and Erich - witty. Humour combines instinct and hope in the Residents' bonding, expression and release; all *in the moment*. The most experienced staff naturally participate, but for others it can appear a little forced. Humour brings incomers much closer to the Residents and shares their personalities, in a harmonising experience, with feelings of *in-groupness*. Residents' freedom to laugh at what they will, leavens an otherwise exclusively serious working-life. It signifies Residents *being* their true selves, outside their creativity. My contribution has been to introduce Haggis-tasting, bagpipe music and Irn-Bru, to humorously bond through my own culture with the Residents; through their senses.

RA2 states that:

In the eyes of this observer a productive balance was struck between; a) the maintenance of a work-centred atmosphere (provision of a clearly defined structure; b) the need to give individual artists the opportunity to express themselves and to engage in social interaction, and; c) the encouragement to focus on the artwork on which they were currently engaged. There was certainly no evidence of any pressure being applied in order that maximum productivity be achieved. The atmosphere was, rather, highly respectful. (Interview - Kilborn, R. - 01/03/19).

These many different customary forms of social interaction are part of a daily ritual, in which Residents prove they can survive and cope effectively in the outside world, amongst others, who are indeed *other* to the Residents.

5.5.4 Stories of health

Narratives of illness and fluctuating health run through Gugging, because Residents permanently live within their conditions. On the inception of the HoA, these narratives became private-stories, and the context for health giving care-behaviours. Residents' re-created lives generated parallel, unconcealed stories of artistic success and engagement within society. But their conditions are apparent to those on a similar journey, and I could discern patterns in Residents' health-behaviours. Insights were shared as Residents empathised towards my health. To us, *living through* these stories, they weren't stories but realities, woven into our routines and lifestyles. As Residents shared their thoughts and feelings, these confidential exchanges qualified my observations on how *living in art* and *und die Welt* located and accentuated Residents' behavioural positives. Illnesses were re-balanced and contextualised as only one part of life. Despite living in illness, Residents experience a lot of joy living in Gugging.

Conditions and secondary health issues were both revealed by Residents, and observed by me, to be schizophrenia, autism, psychosis, obsessive compulsive disorder, and severe learning difficulties. In the following list of occurrences between June 2016 and September 2019, I have *de*-identified Residents in respect for the ethos of Gugging in this regard:

- Resident 11 had developed an eating disorder, allegedly through unexpected tension with two other Residents. This resulted in temporary relocation to Tulln University Hospital for intensive treatment. By my next research visit a few months later, Resident 11 had been restored to health, and returned to live in the HoA
- Resident 10 and Resident 11, and Day Artist 2, consecutively experienced a relapse in their psychological conditions. Each required short-term relocation to Tulln University Hospital
- Resident 2 and Resident 10 refused to take medication. Resident 10 required a short-term stay in Tulln University Hospital
- Residents 14 and 15 participated in preparations for their planned departure over a period of six months, to relocate into semi-independent, supported living in apartments in Klosterneuburg and Vienna
- Resident 3 died from natural causes

- New Residents 11, 12 and 16 joined the HoA to fill vacancies resulting from two planned-departures, and one death from natural causes
- Resident 10 and Day Artists 2 and 11 consecutively experienced loss/gain of body weight due to changes in medication, and in Resident 10 additional complications arose due to diabetes
- Unexpected near fatal-illness occurred consecutively for Day Artist 2, and GG Artist 5, due to an underlying heart-condition, and a sudden aneurism
- Day Artist 2 relapsed to historic-alcoholism, requiring long-term relocation to Tulln University Hospital

Less dangerous circumstances, and more prevalent in health discussions, were exemplified in conversations with Residents Katharina and Max. Max tended to light-heartedly interrogate me through rapid-fire, seemingly random questions. He asked about my relationship with medication and my particular conditions; ‘Is it strong? Who pays for it? Do you feel it? I hate taking my medication’ (Conversation – Max – 07/11/17). These questions only appear random, but really they are the most obvious things to ask one-another as we articulated our acquaintanceship. They actually benefitted my own health through Max’s honesty and directness. Every visit, Max updated me on his intense schizophrenic-hallucinations, where he regularly would speak with Beyoncé and Rihanna. After these, every time, he would then laugh and smile broadly. Regularly, Max asked my opinion on his relationship with his family, to which I would always say; ‘I don’t really know’. Enigmatically, over years he would always ask me; ‘should I forgive my brother?’ During my last visit, I discovered that Max’s brother had recently relocated to Vienna, and that Max had arranged to be allowed to regularly visit him and go to the gym together.

Katharina would never speak much to anyone, preferring to paint, or read the works of Goethe. Our communications were through her gifts to me, of knitted socks or scented cushions, and very gentle conversations, with smiles. When Katharina saw, with me, an illustration of my own descent into illness by a Falling UP collaborator, she exclaimed; ‘I don’t like it. Is that the medication you take? Are the people in the background all dead? Skeletons?’ (Conversation - Katharina. - 10/11/17). On seeing another collaboration, this time with a photographer, Katharina perceptively remarked; ‘Kanga your cat, he is the healer. Your eyes look very dark, under drugs’

(Ibid). Such two-way conversation streams subverted my role of setting the agenda, to *actually* find out more about Residents, *and* myself.

5.5.5 The relationship between Residents and Day Artists

Day Artist Alfred enjoys the industriousness of the Atelier, saying, ‘We must row together, not against *one another...but* in the same *direction*’ (Conversation – Alfred – 02/03/17). The Atelier represents tolerance of many needs, from those who move from their workspace fourteen times in four hours, to others moving only three times; and from concentration-spans of 100 minutes to those only managing ten minutes. This shows the Atelier to be occupied by heterogeneous personalities, who have individual preferences; signifying freedom of choice in the company of others. Day Artist Alexander considers, ‘the best times are when nobody is speaking, and everyone is working’ (Conversation – Alexander – 02/03/17).

The *in-between* efficacy of Gugging, which is accessed by Day Artists and visitors, arises through observing the Residents’ making art. Incomer *learning* literally parallels the working-practices of Residents, as visitors hope to be influenced by their self-reliant process and creative methods. Through this *ersatz* apprenticeship, visitors aspire to become professional artists, and acquire representation by GG.

I devised a set of colourful designs for visual prompt sheet-surveys for use with Residents and Day Artists (see DVs 20, 21, 22, & 23, pp.221-224). I wanted to record their impressions and feelings towards Gugging, from their different experiences and perspectives. The results indicated that:

66% of Residents saw Gugging as a *place to meet others*, as opposed to only 25% of Day Artists. 83% of Residents saw the Atelier as a *place to create art*, in contrast to 100% of Day Artists. 66% of Residents enjoyed *planning their art*, contrasting significantly with 0% of Day Artists. Both groups see Gugging as a *safe-space*, a *workplace*, and a *home*, and take *pleasure in creating art*. Residents’ favourite part of Gugging was *the HoA*, but for Day Artists it was *the Atelier*. The majority of both groups had positive feelings about Gugging, selecting *their own art*, *creating art* and *feel that art makes them healthy*; but notably, Day Artists are mostly *unhappy when*

visitors come to the Atelier, which is an irony since they themselves *are* visitors. Despite differences in the personal significance attributed to Gugging, the Residents and Day Artists do not co-inhabit tensions, feelings of bitterness or annoyance amongst one another; instead you can see each person coping with their own conditions through art-making in the company of friends.

5.5.6 The relationship between Residents and visitors

The Atelier made a heartfelt impact on Ann, a Falling UP collaborator and Learning Support Teacher, when she visited Gugging over the course of two days in September 2018. Even after one day, Ann felt that she had a good sense of what was happening in Gugging, and the clear benefits to Residents, Day Artists and staff; *and* indeed, to herself. Ann was enthralled by the lively atmosphere, where along with the productivity and focus there was time to socialise, and chat with others. She could see without doubt that the Atelier was a studio, and its process was art and *not* art therapy. Resident Erich wrote a message of dedication to Ann on the art he had just finished, presenting it to her as a gift.

RA2 found that:

As a concept, Gugging seems to have realised most of the aspirations of those who had been developing the concept over several decades. For those who have visited Gugging it seems always to have had a significant and lasting impact (Interview - Kilborn, R. – 01/03/19) (see Appendix H, p.458).

5.5.7 The relationship between Residents and Researcher

Resident Erich remarked on my continued presence in Gugging:

You can take a profit from our relationship. We find the same things when we see each other in the studio. Art and living are important today...our life and culture is nothing without art. Since you came, it is important, it changed the life of the House of Artists. It's important that we have art of wood. It is unreal. A new thing, not often we have wood and art. Fantastic to provide a new horizon to show us with this art, it inspired the Gugging Artists (*referring to my wooded-stags installation two years earlier*). We have parties here often, but something is missing, events people only come for eating and not the art itself. The opposite of them is you and your Father. You bring fresh wind...communication. I feel it from the bottom

of my heart. The change in you too, is remarkable (Interview - Erich - 09/11/17).

Since 2014, all Residents and most Day Artists have engaged with me in open-ended collaboration through Falling UP Gugging; in performance, soundscape, sculpture and painting. Their participation was characterised by curiosity, flexibility, emergence of purpose and ownership, open-mindedness, critical suggestion, fun, and humour. No one required permission to take part, and all collaborations were one-to-one. Everyone expressed pride in our collaborative-result, and pleasure in having a different experience, literally *in the moment*. For Residents, these were atypically open-ended and non-commercial. As such, they removed Residents from routines to discover capacities for seemingly *meaningless* flexibility. Proving their receptiveness to micro-creativity, participants helped me to observe their sense of creative-play, and ability to question, improvise and innovate, *there and then*, within our natural behaviours of contributive collaboration. Everyone was able to transfer their natural creativity into our joint-artistic process, highlighting their holistic literacy in creativity, beyond their condition-related limitation for spoken articulations.

Gugging is not a community of homogenous identities, or homogeneity of process. As a system, it works for the diverse set of people within its own *Family-Gugging*, and a diversity of incomer-visitors. Its community is inclusive with no fixed-preconception. The HoA's community of Residents consists of natural differences in personality and character traits, which have grown over many years of life in *Family-Gugging*.

Much of the learning in Gugging for its Residents is *family-learning* through the HoA; and *business-learning* through the Atelier and GG. Residents clearly want to be part of society, and to participate in something meaningful to both themselves *and* society. They wish to be understood and valued by others, for who they are, *and* what they can do. Residents want to make friends and acquaintances, meet and work with role-models, whom they can admire, and welcome into their wider Gugging family. Residents need variety of experience, and challenge with support, to satisfy their innate creative potential. Gugging's two processes have propelled Residents back into society, but on their own terms, *partly*. The momentum of all Gugging activities assists each Resident to *live in the moment*, where each moment adds to the next. Gugging's

pathway leads to success after long-term participation, to connect Residents with the outside world, and equally importantly, vice-versa.

Many artists like Gerhard Roth, David Bowie, Arnulf Rainer and Christopher Kane have collaborated with Gugging Residents (see Analogue slide 19, p.191). I wanted to find out *in myself*, what these artists and the Residents felt and experienced, by creating my own version of artistic-collaboration with the Residents. The finding is in Erich's words above, which are typical of linguistically articulate Residents, and in the other non-linguistic responses. An unequivocal experience for me was the Residents' culturally uncontaminated feelings, and their innate creative-flow in which their every artistic-moment is precious, and free. Residents make these artistic-moments primarily for themselves, but they also flood into the futures of each *outsider*, who can connect with them. Roth, Bowie, Rainer and Kane and all the others, *never* left Gugging. And Gugging never left *them*.

Chapter 6. Discussion & Conclusion

6.1 Introduction

The research described in the previous chapters has explored the context for the research and the literature related to the subjects of art, mental health and mental illness, and introduced Gugging in Austria as a study, which forms the focus of the research. This led to the development of the primary research question and three sub questions and four wider issues. The thesis has explained how a methodology was developed to frame the research approach along with a wide range of methods spanning from the tried and tested methods such as interviews and visual prompt sheet-surveys, through to the use of art as an ethnographic method. This methodology was named Falling UP. The data generated from the research stimulated a number of reflections, which aimed to link the observations with the original research question, as well as identifying further emergent observations.

In this final chapter, I will summarise the discussion and relate these to literature, and to my expectations as I undertook the research. I consider their implications and state why the results are important. I reflect upon the efficacy of my methodology, its component methods, and review the limitations of the research framework. I discuss my emerging theory of Gugging's two processes of *living in art* and *und die Welt* and its four supporting infrastructures, the House of Artists, Museum Gugging, Galerie Gugging and the Atelier; and relate the contribution to knowledge afforded by my stance, as a researcher with mental illness, who deploys Falling UP as methodology, art practice and research process. I conclude by presenting recommendations for future research, and the implementation, in pilot form, of Gugging's transferable processes to art and healthcare in Scotland.

6.2 Summary of the data/findings

Modern Gugging sits on the ground plan of the former East Lower Austrian Psychiatric Hospital of Klosterneuburg-Gugging (ELAPH), albeit with refurbished and re-designed buildings. There is new-found purpose with the Institute of Science and Technology Austria (ISTA), and only the House of Artists (HoA) and the Chapel of Holy Joseph, relate to their original mission. Stigma attached to *coming from*

Gugging, or being called *Gugelhupf* in regard to a person's mental state, still persists today. The process of coming to terms with its Nazi past for Austria came during the late 1990s, four decades later than Germany. Proximity to that reckoning, and the new installation on the ISTA campus memorialising the victims of atrocities committed on-site, relate a horror, never to be forgotten in the minds of Austrians. Atelier Guardian Haimburger said:

The sad history behind, culminates in a unique way with present. It's not always easy but always important... Many steps to overcome... best way to say it is, that we are authentic. (Interview - Haimburger, J. - 23/06/16).

Referring to the Atelier's location in the former Kinderhaus building, Day Artist Neumayr said:

It's a holy place. I respect this place... I think of the children during WW2 in Gugging. It must have been very bad for them. I wish freedom for everybody and no verbal fighting (Interview - Neumayr, A. - 02/03/17).

Historian Czech told me that:

I think the specific past of this place was simply considered a liability. And I have always thought of this (the ISTA) a kind of decontamination operation of some toxic legacy. They tried to neutralise it in the face of international public opinion (Interview - Czech, H. - 12/09/18).

For some, the HoA, and the ISTA, represent a form of redemption for Austria, and particularly the Gugging environment. Others do not think this, or never speak about the past. From personal experience of Austrians, these dark themes are relevant to their construction of a better future that acknowledges those horrors of the past. Gugging's redemptive processes embody the essence of Adrian Hill's utopian hope that therapeutic art-making could enable a society to reject the horrors of war.

Gugging's overarching-process is formed through the combination of two sub-processes – *living in art* and *und die Welt*. Operating symbiotically, these sub-processes create a highly destigmatizing, pro-active psychological and artistic experiential-structure for its 12 chronically mentally ill Residents; enabling a range of relationships with staff, Day Artists, artist collaborators, and the public (see DV 18,

p.219). Gugging fosters integrative practices, advocating social justice, celebrating and maintaining human value and diversity within restorative ‘family’ structures; to support resilience and opportunity for the personal development of Residents, staff, Day Artists, visiting artists, *and* the public. This dramatically contrasts with Baker’s (2010, p.214) experience and her desperate question of whether those like her will, ‘always be regarded with suspicion, our behaviour endlessly analysed and pathologised, because of unusual thoughts or behaviour, or a history of mental illness?’ The efficacy of Gugging’s process surpasses McCabe’s (2012, paras.10-12) findings, where the benefits and influence of grassroots arts to communities revealed: increased self-esteem, improved interpersonal skills engendering new relationships with others, decreased isolation, enhanced resilience, and fostering & sustaining identity through community, preservation of cultural legacy, and inter-generational participation. Gugging provides an answer to McCabe’s question (Ibid) on the extent to which community arts groups are inclusive, have cross-cultural scope, and fulfil methods of engagement for participants using art; as Gugging’s process achieves each, but goes deeper with its Residents, to create societal value and cultural relevance.

Gugging is both process *and* product, one flowing into the other, each impacting differently on the lives of those who come into contact with them. The product has an after-life through Gugging’s interconnected networks worldwide, and *its* process passes through people’s lives on contact, influencing values and beliefs differentially to the product. The product embodies the process, and the process creates the product; and both exist in the same continuum of *living in art* and *und die Welt*.

Through purpose and function in respect to art, mental illness and recovery, Gugging is an *intentional community*; and its communal nature shares many characteristics with the concept of *eco-community*, Miller (2018); and regenerative community, Wahl (2016); as evident within the following constituent factors:

I. *Functional solutions for Residents’ lives*: Residents undergo a re-assignment of identity through via the creativity-behaviours of art-making through a *family* apprenticeship, supported towards becoming an artist, and professional representation by GG. Residents’ art contributes to public education and cultural diversity, earns money, and individually fulfils creative, social, and professional potentialities.

Referring to Sagan's (2016), p.90) belief that involving complementary art practice during patients' treatment, enables less metric-related rhetoric in *recovery* discourse, greater emphasis on connections, and a renegotiation of identity through *wider social relations*. Saliently, commenting that art plays a significant role in many patients' recovery, she observes that individuals were able to endure despite their terrible psychological-problems (Ibid, p.43).

Since 2001, Feilacher's vision for an *Integrative Art Centre* broke new ground, expanding not only the 100 metres from the HoA but *into the outside world*, edging into society by renovating through public funding a disused hospital-building, employing unemployed people in its refurbishment, towards a *public* ambition. Gugging's operational framework provided personalised structures for art-making and on-site care, flexible to individuals' changing needs. Residents, Day Artists, Atelier-guests, and the public participating in workshops, all emphatically working with their hands and minds, intertwine daily, as *insiders* and *outsiders* from society. Residents engaged according to interest, and capacity. Increased self-esteem for Residents and staff resulted due to recognition, and improved facilities and greater opportunity for public engagement. Psychological therapy within these daily opportunities for social-integration enabled mutually beneficial encounters through the Residents' profession as artists; particularly on the establishment of both GG and MG, through increasing numbers of visitors and cultural-professionals. These experiences surpass and diverge from art therapy's remit of isolating art's usefulness to the limited, pathologised-process espoused by Scope et al (2017), as cited in Marlow and Johnstone (2017, p.84), who considered that patients using art therapy accrued understanding of their illness, themselves and their future, experienced personal achievement, self-reliance, and better relationships. Gugging, unshackled by art therapy's strictures, allows far more for its Residents through real-life experiences inside cultural society.

II. *An importance of place on a human scale*: Gugging offers Residents spontaneous, true-to-life situations beyond the limitations of life in clinical-care. Residents work alongside Day Artists, and intersect incidentally with the 22 staff from GG and MG, with the added potential to engage visitors five days each week. By working in a public place, Residents enjoy wide-ranging liminal interactions. These are inconspicuously supported across the familiar geographies of the ABC, through continuous monitoring,

and distance-supervision of their individual routines by all staff. The HoA is a family-sized residential space, and Residents are the Gugging family, supported artistically and psychologically by a family-sized complement of staff, who form an extended family. Residential status offers Residents life-long & career-long longevity, akin to the term by Tuan (1974), as cited by Diaz and Dayal (2008, para.7) of *rootedness*, signifying, ‘the merger of personality with place, based on living in a location for an extended length of time’. However, should any Resident decide to leave, they are supported within a six-month planning period towards departure.

The ABC has five family-sized departmental teams engendering human-scaled, independent areas of function that contribute the infrastructures within Gugging’s inter-connected processes of integrated-functioning. These incorporate: the outreach-office and hospitality space for the Governor of Lower Austria; education rooms to accommodate diverse Art Brut-related activities for the public; exhibition galleries and offices for GG and MG; workshops of the ABC *back-to-work* Project for people recovering from mental illness; Café-Bistro am Campus; the *Garber salon* for lectures; the Gugging shop selling exhibition publications, art books, local craftworks, and Gugging merchandising; the Atelier; offices for directors, security, and janitors; and maintenance workshops. Together, these offer Residents a busy social-environment of visitors to each department, in social-circumstances neither overwhelming nor inhospitable. Residents are conscious of their foundational importance to all activities within Gugging, and conduct themselves with humility, respect towards others, *and* respect for their job, as artists.

III. *The emphasis on holistic processes*: Residents experience long-term restorative and participative forms of *education* in socially and psychologically inclusive-wellbeing within Gugging’s extensive public, and cultural life. The ABC incorporates Austrian traditional events and customs into its cultural programme, to bring together Residents, staff and the public. This participative *education* is liminal in nature, where fantasies of understanding the *other*, reflexively and reflectively, emerge through interpersonal *mutualities*. The systemic holism of Gugging precipitates the unifying of health benefits for its participants, through their lifestyles of experiences with many other people, in activities of wellbeing. This contrasts with Kelly et al (2015, p.5), who question whether the beneficial role of art in art therapy is creative recreation through

psychosocial factors with the therapy-provider, and others, or the learning and recognition of new abilities.

The ABC's programme provides Residents with rituals of probability and possibility, yet for the public it is likely to be a single-visit opportunity. According to visitor response-cards, and canvassed opinions, these impromptu moments form consequential counterpoint transactions of dissimilarity. Residents can mingle, commune, or simply choose an observational-experience with visitors, who can be anything from a family-group to the 40-strong art collective of the Vienna Complaints Choir, performing their *complaints* in the Walla Room of the HoA. Although, Residents will never *recover* from their lifelong psychological conditions, within Gugging's two processes they can experience a *life in recovery*, echoing Vanderplasschen et al's (2013, p.1) statement that, 'recovery cannot be defined as an outcome or state to attain, but should rather be seen as a process and a satisfying way to live one's life'.

Residents' long-term behaviours centred on creativity, communal-living, and social integration, collectively banish loneliness through social productivity; and seclusion can become a *personal* option. Tendencies towards rumination and repetitive-behaviours are re-directed into creative experiences, where Residents can become *more* through fulfilled artistic potential and psychological development. This holism of process guides Residents into a holistically valuable contribution to society in terms of neurodiversity, by personal achievements within each locus of: family; extended family; professional representation through GG; and self-representation in public engagement within culture through the ABC.

IV. *Historic site-specific factors as the starting point of ethical regeneration:* Long-term relationships developed between Gugging and the many cultural supporters of Navratil and Feilacher, helped to re-align Residents' identity, and ethically re-define their personhood by their creativity, and *not* by medical condition. Austria's acceptance of guilt for its role in WW2 was given *cultural-voice* by young Austrian intellectuals and contemporary artists in the late 1960s. Adolph Frohner, Peter Handke, Andre Heller, Peter Pongratz, Arnulf Rainer and Gerhard Roth, all played a significant role in the early emergence of a culture unafraid to look forward, having

looked back first, critically to Austria's past. They visited Gugging in search of innocence and creativity in the very place that atrocities had been committed against the mentally ill. Their association with Gugging grew seeds of redemption for Austria, and for the spirit of those who died. Today's Gugging has core ethical values of diversity, tolerance, destigmatization, and creativity. These are literally embedded visually in the fabric of its buildings, and activities therein, with exhibitions that curate ethical seeds to be scattered by their visitors. Gugging emanates a visually fluid, immediacy of intention to all, as they arrive at the true compass point of ethical recovery.

V. Environmental and functional transformation: Gugging recently participated in two collaborations connecting to the village of Maria Gugging. The first, in 2017 was when HOFER supermarket created special-edition shopping bags based on artworks by four Residents. The second was a community-initiative in 2019, led by a local artist, to convert a disused public phone-box into a community-book exchange. Temporarily removed to the Atelier, each Resident collectively composited their unique stylistic-motifs on the phone-box. Both projects, when added to Residents' artworks already displayed in the ISTA, provided three demographics for the localised emplacement of their art. Although in close proximity, the villagers, shoppers, and the large numbers of international students and staff, are all *so far away* from making a visit to the ABC; which is more likely to have visitors from Tokyo or San Francisco, and opportunist tourists. Some villagers still feel stigma by living near Gugging, and perhaps for them, the most important symbol of coming to terms with the past is the *last-man-standing* - the House of Artists building. Mostly unbeknownst to locals, Residents have created art that effected change in many things, including the meaning of art itself, and even towards positive perceptions of Gugging; all as a consequence of 449 exhibitions of Residents' art *beyond* Gugging, seen by over one million people worldwide (see DV 14, p.215).

Spaces talk to occupants about the types of behaviour that is seen as appropriate or desirable...values held to be important. Spaces don't deliver a monologue though, as it's a dialogue between spaces and user that enables the most harmonious life to unfold (in reference to Le Corbusier, by de Botton, 2007, in Grigoriou 2019, p.13).

Gugging has been the eponymous *butterfly that flapped its wings*, contributing to a storm of environmental and functional transformation, through its unique composite of art, mental illness and recovery. Gugging *was* change and *is* the practical reality of change.

VI. *An integrated model of social sustainability: Und die Welt* operates from both directions *in-out* and *out-in* with Residents and public mutualistically connected. On departing the HoA into public space, Residents may chance upon visitors to Gugging with purposes of art practice, commerce, culture, dining, education, political work, shopping for an art book, craftwork, or a work of art; or alternatively to attend the many private or public events. For all activities in the ABC, the impetus of sustainability is in the context of Residents' creativity, *past – present – future*. The ABC is an embodiment of ethical diversity in action, challenging fixed-cultural definitions of art, mental illness and recovery. The Residents function as a family-of-artists, and partners in their *family business* of GG, which promotes, exhibits, and markets their art globally. Feilacher's visionary double-process facilitates daily opportunity to develop Residents' social and entrepreneurial nature, whilst meeting visitors, reflexively maintaining lives-in-recovery by the self-sustaining means of personal creativity.

Gugging's life-long development of Residents towards their literally *earning* a place in society, differs considerably from the time-limited, unsustainable strategies employed by organisations in most studies. Prahran Mission, and Mind Australia offer psychosocial rehabilitation and arts-based programmes in which patients respond positively to independent lifestyles and safety structures (Van Lith et al, 2011, p.652). Similarly, Jensen (2018, p.161) elicited responses from patients engaged in arts activities, who were acutely aware of art's beneficial role in their lives. In contrast, through their conditions Residents are much less consistent in how they can view the efficacy of Gugging, but they do intuitively recognise the purpose, value and meaning of art practice, *and* share that through sensory language. This corresponds with Sagan (2016, p.73), who reported that those with mental illness struggle to communicate the ways in which their art is vital for their survival, because of limited verbal capacity, fluency of language and low confidence. The structures that make Gugging's *family business* a community, which is integrated with other cultural communities; are self-

sustaining through its Residents, who give relevance to counterpoints, as the centre of sustainability and the means of production. Gugging is not only atypical to other systems; those systems simply do not have the same intention or ambition of sustainability through diversity. However, I do note direct parallels to Gugging, when Jensen (2018, p.161) advocates positioning patients' personality first, over condition-specific behaviours. I concur that the personal-centred approach engendered by art practice, brings empowerment towards removing formal and informal barriers. This exists in Gugging.

VII. *Profound respect for individuality whilst promoting communal solutions*: Each Resident works on their unique art practice for a minimum of four hours daily, from Monday to Friday. The majority work in the Atelier, whilst others in an alternative space they prefer. Meals are always communal, and frequently celebrate Austrian seasonal traditions, Residents' birthdays, or other special occasions. The atmosphere is family-like, and more relaxed than their working day. Their daily hour of communal maintenance shows Residents' pride in their home, as they focus intently on physical chores (see Analogue slide 8, p.180). In their variability and capacity of attention-span, work-focus, and work-rate, each Resident is respected by peers and staff; this is acknowledged through the artistic outputs for those who exhibited through GG during 2019. Eight Residents and four Day Artists created a total of 792 artworks; where Residents produced 413 works (18, 18, 41, 69, 7, 141, 89 & 30), and Day Artists produced 379 artworks (43, 14, 25 & 297). The average number produced by Residents was 51.6 artworks; and for Day Artists it was 94.7 artworks. Not included were four other Residents, who created 50, 60 20 & 20 artworks, whose artistic creativity had yet to mature sufficiently for exhibition. Those Residents have resided in the HoA for seven years, which is approximately the developmental-duration for creative maturity and reliable work-practices. Each Resident's *course* towards art practice, methods and techniques, diversifies according to nature and instinct. In an intricate balance, Residents benefit from life in the HoA amongst role-models of first, second and third generation Gugging Artists, and experience differences and similarities in their communal family. Gugging's own family-process is like a *band-of-brothers*, and parallels Cristales' (2016) writing on post-war therapies for PTSD using art to stimulate a healing process. Cristales (Ibid, paras.2-3) mentions patient

Jeremy Ramirez, whose recovery was in the company of fellow ex-soldiers in a safe accepting environment, where life-experiences can be exchanged.

VIII. *Social sustainability as one of the key ways to transformation:* Residents, HoA care-staff, Feilacher, and Katschnig form Gugging's *blended* inner-family. ABC staff and Day Artists are their *distant relatives*, contributing balancing diversities to Residents' life-experience. Accordingly, art practices, recovery life-styles, staff-mentorship, with the combined influence from both sets of *distant relative*, provide sustainable opportunities for social integration, artistic development, and cultural-interface towards working together on durable projects, with those lives-lived on the *outside* of Gugging.

IX. *Numerous repurposed, shared buildings:* The ELAPH buildings were re-purposed over 20 years, becoming infrastructures for Feilacher's Gugging project. Firstly, Pavilion 11 was re-conceptualised in 1986 *from* the Centre for Art and Psychotherapy *to* the HoA; then during 1997, 2001, and 2006 respectively, the former Children's Building was re-purposed into GG, the Atelier and MG, to create the ABC. Placing Art Brut and self-taught art at the focus of representation and public education, the ABC shares with audiences, Residents' art, past and present, alongside artists from Austria and abroad. Placed culturally within a timeline from Dubuffet's Art Brut to the more inclusive definitions of contemporary art, there are shared-opportunities for learning and creating art. Visitors comprise single-individuals, families, groups from kindergarten, schools and university, to participate in workshops, lectures, personal-tours, and in combi-ticket groups linked with Klosterneuburg Abbey and the Dom Museum, Vienna. Residents' lives and art are thus positioned in everyday life; particularly so in the Atelier, where the public can arrange to create their art where the Residents work. The HoA and ABC buildings form the locus where family-business *and* domestic-life are enacted, in private and in public. In these concerted spaces, Residents can apply their developed capacity for resilience, to spontaneously engage with visitors. This can endow everyone's self-esteem, grow understanding, and appreciation of one another, via *living in art* and *und die Welt*. My support by family, my doctor, and Falling UP, means I am cognisant and sensitive to the ways Residents' personal resilience develops, and operates within support-structures. I connect back to

endorse van der Vaart's (2017, p.102) claim that community arts-based activities can engender resilience-building.

X. Participatory decision-making and group facilitation: Residents who exhibit in GG are represented, promoted and exhibited in Austria, and internationally. Residents have co-ownership of GG, and individual, standard artist-gallery contracts with GG, administered on their behalf, each by a legal representative. All decisions regarding the HoA and GG place Residents' interests first, for without them neither could exist.

XI. Healthy natural environment: The ABC and the HoA are situated in a beautiful natural space of wellbeing, on elevated grounds in the Vienna Woods; bordering a traditional farm to the west, thick woodland to the north, a steep meadow bounded by woodland to the east, and the ISTA campus stretching south, downhill towards Maria Gugging village (see DV 17, p.218). The HoA and ABC are on a north-south axis, and natural light floods indoor spaces. In outdoor areas of sunlight and shade, Residents and visitors can enjoy the clean air in the Wienerwald's protected-environment (see Analogue slide 6, p.178). In this typically picturesque Austrian setting, the ISTA continues its infrastructural development on the footprint of the former ELAPH. It has already added student residences, teaching and research facilities to existing diverse public usage of the roads and footpaths leading to the Chapel of Holy Joseph, the ABC, the tennis club, and ultimately the HoA. Beyond this point everything else is nature's own path into itself. Public access to the entire former ELAPH campus is crucially important to all participants for Gugging's artistic and psychological processes to function optimally, and expansively. I perceive this through comparative, and participative experience, further discerned through my observations and recordings of liminal bubbles of interaction between Residents and the public. Gugging's healthy natural environment extends into healthy psychological-behavioural environments facilitated through its processes, which couple visitors to its three public-infrastructures through over 100 programme events and activities in 2019.

Gugging's website emphasises a counterpart environment of health and care, with opportunity for visitors to meet Residents (publicly known as *Gugging Artists*). As Residents' art is appreciated and valued face-to-face by visitor-representatives of the wider world, this results in their *feelings of success*, which Feilacher advocates is the

therapy for Residents. Published monographs of Residents feed into the public domain, promoting their artistic achievements across decades, as *named* and *photographed* artists, and *not* anonymous patients.

Throughout both the Gugging grounds and the ISTA campus, Residents are able to share interactions with the public on a daily basis, across seasons in all weathers. I have witnessed these interactions to include: the ritual of introductions and shaking hands; posing for a photograph; asking questions; sharing a conversation, sharing a cigarette or cadging one; laughing together; Residents showing the art they are working on; and playing chess together. Both parties really listen to one another. Of great importance to Residents' is this fulfilment of their constant repetitive and ruminative needs. The Residents' experience of nature is extended into *new* nature, by travelling the roads to their exhibitions in Austria and abroad, each a sustainable panoply of psychological and social mobility within natural surroundings. Many Gugging Artists find artistic inspiration in the shapes, sounds and colours of nature. Wiener, a Day Artist, once told me that she walks into the forest, 'and I compose my pictures there, in my mind'. (Interview - Wiener, C. - 23/09/19).

Gugging's processes anchor Residents in a traditional rural family lifestyle. The slower pace of seasonal change, living in the natural world with daily outdoor activity, helps to re-construct Residents' lives. This sustainable pattern of long-term healing and recovery-*living*, forms the foundation and springboard for Residents to work confidently, expressing their own creative identity, harnessing their own spirit & nature, imagination, stylistic tendencies, and rhythm of practice. Residents' creativity has become increasingly valued in cultural society, significantly in the art market with works acquired by major private collectors such as Dagmar and Manfred Chobot, and by some of the world's most prestigious public galleries, such as MoMA in New York, and the Albertina in Vienna.

It is almost inconceivable to apportion too much credit to Feilacher for the Residents' successful and health-giving lives as artists; and similarly, to underestimate the significance of Navratil's original developments in Gugging. Feilacher's artistic qualifications are core to the advancement of his long-term progressive vision, and the practical implications of facilitating *living in art* and *und die Welt*. Feilacher had to

contend with the historic resistance and challenge from politicians, and even Navratil himself, towards change. To succeed, according to Ricco, (Interview. 2018), Roth, (Interview. 2016) and Zambo (Interview. 2017), Feilacher demonstrated stamina, resilience, the crucial ability to learn from, and gain the support of politicians, businessmen, and the art market; *and* above all, his enduring faith in Residents' creativity and potential. Learning to maintain relations with Gugging's influential admirers and nurture both artistic and political networks has been elemental to the effective operation of the ABC's multi-disciplinary departments; where balanced teams offer different degrees of responsibility and ownership, within the Gugging vision.

Since 1969, continuing on from Navratil's connections, an enduring and growing network of influential friends and advocates for Gugging had ushered Residents' art successfully into the art market, and its acceptance as contemporary art beyond the earlier confines of Art Brut. High profile cultural-figures propelled Residents' art towards new audiences, and global exposure. Gugging exemplified Edlin's (2017, p.20) metric of the evolution of Outsider Art towards contextualisation in the field of contemporary art; its acquisition by distinguished galleries and museums; with auction-houses increasingly interested in Outsider Artists. In 2016, artworks by Gugging Residents, Fischer, Garber, Tschirtner and Walla, formed part of the global-sale of the late David Bowie's art collection; which travelled between Sotheby's auction rooms in London, New York, Los Angeles, and Hong Kong, attracting 56,000 visitors. August Walla's work *Forever God, His Angel*, had a pre-sale estimate price of £6,000-£8,000, but finally sold for £68,750. This was of considerable significance to Gugging's artistic status, but the *company kept* by Residents' Art in Bowie's collection was more so; to be hung next to artists of the first-rank, including Damian Hirst, Jeff Koons, Marcel Duchamp, Man Ray, Egon Schiele, and most remarkably Tintoretto.

The after-life of Residents' art invests cultural sustainability to the Gugging project, and a framework for its capacity to prevail beyond its origin in the House of Artists. The consequence that Gugging has finally reached that evolutionary moment of being accepted as *art*, was something that art historian and long-term supporter of Gugging, Roger Cardinal (as cited in Feilacher, 2006, p.51), had pondered:

My impression is that there is still some distance to travel before popular audiences can absorb the art of Gugging in this spirit. It may prove difficult to persuade them that Gugging is in fact as artists' colony pure and simple, the question remains whether the subtle complexities of Gugging's evolution can ever be relegated to a historical footnote.

Cardinal (Ibid), was acutely aware of Feilacher's aim to remove the 'old labels – *psychopathological art, diagnostical drawing, state-bound art, Art Brut, Outsider Art*', and to be 'validated purely' *as art*. Although, the only labels remaining are Art Brut and Outsider Art, Gugging Art has been integrated into culture as *Art*, albeit ostensibly by means of *the level playing field* of revision, diversity, and inclusion. Nonetheless, Gugging is *not* an historical footnote, or curiosity, as Navratil's *state-bound art*.

The characteristics of Residents' art embody clear pictorial precedent across the history of art from all cultures. I have perceived those similarities first-hand, when visiting the Welt Museum and Naturhistorisches Museum in Vienna; the Natural History Museum, the Victoria & Albert Museum, and the British Museum in London. My perceptions were also supported in studying Graham-Dixon's (2008) *Art: A Definitive Visual Guide*; de Botton's (2013) *Art as Therapy*; and Ferrier, and le Pichon's (1989) *Art of Our Century*. The innate, inner drive and compulsion of the Gugging Residents to create pictures, not only connects them to the history of art but places them to *be* a part of that timeline.

As my research journey deepened, I began to explore areas of Gugging's double-process, that were to unexpectedly challenge my assumptions on illness and recovery, and indeed to ask *what is art?* I believed that my experiential, though subjective understandings of art, mental illness and recovery, and their interlinked nature in *myself*, might prime me to be discriminately receptive to Gugging's ethos. This proved to be the case, addressing Kelly's et al (2015, p.17) recommendation that a, 'realist synthesis' is needed of a researcher, to offer a different perspective on identifying the needs and methods of approach in healthcare settings, to gauge the efficacy of what works contextually for participants. But only after I evolved in the field to acquire new applied-competencies, could I comprehensively access the overlying and underlying system-related activities, in order to experience how process

actually functioned *for* the Residents, and *around* them. Embedded into its processes were business structures financed by mixed-funding, to be accountable within the interdepartmental inner-workings of Gugging, as an art-business and health organisation. The operation of both in a symbiosis subverted my expectations of the role that earning-a-living might play in the lives of people, who would otherwise be unemployed; and how having a job contributed to their self-respect. Intricacies of operational and experiential strands across infrastructures, introduced the workings of an efficacious relationship between process and product. My comprehension was of a paradox, where Gugging creativity with its intrinsic value to Residents *through* the commodification of their art, which clearly conflicted with, and almost certainly transgressed, conventional treatments for psychiatric patients. Visiting Gugging purely as an artist prior to this study, I knew it was a unique place because it offered purposeful lifestyles to Residents. I was already taken by Gugging's reality of removing its Residents' status as *patients*, because it directly conflicted with my own experiences of being a patient in Scotland, and living with a *label* forever.

From the beginning of Feilacher's tenure, Residents have not been regarded as patients. Instead, they are considered artists with special needs, who *live* in the daily lifestyle of art-process. Gugging is a therapeutic community, socially integrated into society, but not affiliated to other therapeutic institutions (such as Atelier 10 in Vienna), that employ therapeutic uses of art, as a beneficial experience in their own open-studios. Nonetheless, Gugging's community fits with Kennard's (2014, p.296) differential on how therapeutic-community models are *unlike* other institutional methods of psychiatric care, because they holistically draw upon all relevant resources to enhance treatment. He reported that therapeutic communities facilitate substantial transformation in patients' identity (Ibid, pp.85-86). Gugging's model also chimes with Sagan (2016, p.136), who considers therapeutic community as a safe group where, 'experiments could be made, with reciprocity, trusting and disclosing; building and repairing, at a pace that was comfortable'.

Although Residents have an authentic change in status, they are still chronically ill and not on recovery pathways. In reality, they live recovery lifestyles, of profitable regimes and a sense of belonging in culture, with professional success and financial reward. These regimes regenerate behaviours and activities that encompass Residents,

Day Artists, and Gugging staff; in accordance with Wahl's (2016, p.79) call for *regenerative cultures* as a way to bolster sustainability for, 'the underlying pattern of health, resilience and adaptability...'. Under Feilacher, the alignment of healthcare in Gugging changed to become part of an adaptive community, with new departments and new staff, in an increasing diversity of role. Its multitudinous teams are key factors in Gugging's complementary, complex sub-designs, with remits in education, business, culture, and art. These align within processes through the ABC to deliver Gugging's functioning vision of activism in an adaptable unified, destigmatizing, and holistic form of integrated-healthcare, which as a by-product refreshes culture as well. Feilacher's socio-therapeutic philosophy considered psychiatric treatment should be a private matter for Residents, but this contrasted markedly with Navratil's practice of a medicalised role for his patients' art as psychotherapy, and to establish his concept of art as *state-bound*. Moving beyond this, Feilacher enacted the foundational basis of his long-term visionary project, for an artistic and psychological process of social integration to bring society into Gugging, by placing the creative capital of Residents at the nexus of an integrative culture centre. Starting in Vienna, and eventually connecting with cultural institutions globally, Gugging's fundamental transformation correlates to Fuller's (1970), as cited by Wahl (2016, p.263), belief that, 'you never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete'.

Navratil had inadvertently laid the bedrock for that future version of Gugging. He had been part of a new practice during the 1950s, which recognised the value of psychological drawing tests for the purposes of diagnosis; embodying Dax (1953, pp. 15-16) in his observations that patients gained an, 'emotional release' useful for progressing treatment. Dax noted that art created by patients allowed greater clinical understanding into their mental illnesses (Ibid). Correspondingly, to effect improved clinical-care Navratil influenced and encouraged his Gugging patients to draw. Navratil's book, *Schizophrenie und Kunst* (1965), attracted admirers to Gugging, particularly young contemporary artists like Frohner and Pongratz. Their support led to the first exhibition of Navratil's patients' drawings in 1969, which grew levels of fame within the art world as typical examples of Art Brut. Without Navratil's *accidental* incursion into the art world, Feilacher's vision would never have had the fertile ground to emerge and grow.

However, I consider Cohen (2017, p.103) to have overstated Navratil's influence as, 'the individual who established Gugging's (studio) program over the course of the 20th Century with input from both psychiatric and artistic communities', and her describing of Navratil as the *bridge*, 'between clinician, educator, artist, and advocate' (Ibid). Cohen fails to credit that Feilacher's vision bridged the gap, taking Gugging into global relevance, or to mention his aptness to this role, both professionally and experientially as a self-taught artist and psychiatrist. Höger (2019) believes Navratil's contributions to Gugging's development to be over-emphasised and misattributed in literature and online articles, *and* detrimental to the reality of Feilacher's immediate upheaval and change to Navratil's legacy, as he developed his own Gugging vision from 1986 (Interview - Höger, M. - 11/02/19). Cohen (2017) is correct to say that Navratil established the foundational seed for system-change, however, she does not credit the tremendous impact and transformative role that Feilacher played in 1983 and throughout the subsequent thirty-seven years in developing Gugging, to become increasingly successful worldwide, recognised and accepted, culturally and in the art market.

Feilacher's progressive vision retained the core principle of treating Residents' chronic mental illness with medication. Administration of medicine takes place in the HoA according to daily routine, by the on-site nursing staff, who attend to Residents' social and medical care. Far more than a residential space of care, the HoA is a real home, and far removed from its previous exclusively clinical function. As the first major step to make the HoA their home, Feilacher asked Residents to work together and paint a mural to cover the HoA's exterior, with their individual motifs (see Analogue slides 3 & 5a, pp.173, 177). This played a significant symbolic and physical part, in what Feilacher (2018, pp.18-19) said of the HoA in its:

...becoming a group home for artists, thus these individuals' status as patients was rescinded, and their human dignity was finally returned to them. Now they were no longer 'artist-patients' but simply just 'artists'.

Daily morning discussions in the HoA between Feilacher and individual Residents, take place in the famous Walla room, in which the late artist had painted over the four walls, ceiling, floor, table, chair and bed with his art (see Analogue slide 2, p.172). In

these private conversations, on the agenda with equal importance, are the Residents' health and Residents' art. Both define Residents' sense of ownership within the Gugging family, as their individual contributions instil value, paralleling Grigoriou's (2019, p.13) understanding that:

Defining the values that occupants wish to live by, is fundamental to the design's success as it provides a constant daily reminder to all within, and allows the occupants to feel in harmony with the space. Defining these values is what brings an organization's brand and culture to life.

Echoing Grigoriou's statement is the iconic imagery adorning the HoA, as a family and a corporate *identifier* for Gugging, promoting its mission statement of art - and away from its hospital roots. Residents are not categorised as clinical statistics quantified in medical records, and their art is never used for diagnostic purposes. The art belongs to Residents, and the pathway to sell their art can become possible through Gugging's structures for personal and professional development. Stickley et al (2007), as cited in Sagan (2016, p.76), state that art activity for mental health clients brought value, and the potential development of emerging artistic identity within art's hopeful nature of expression. Hope in Gugging is set at a much higher level of ambition for Residents. Their identity as artists brings the opportunity of years of dedicated continuous development of creativity, resulting in meaningful routines, and providing a profession. Gugging's community forms an art colony, coalescing artists with chronic mental illnesses with mentoring-artists, who are social workers & gallerists in an approach towards art and healthcare, which destigmatizes and separates the narrative between mental illness and art.

Artist, art therapist, and Falling UP collaborator, Kerr (2019) draws parallels between Gugging's process and her desire for greater focus on communities making art in Scotland - within mutual spaces with no stigma (Interview - Kerr, A. - 19/06/19). She identifies a need for shared-making, where anyone has the potential to create art. Kerr (Ibid) advocates for more strategies focused on creativity for communities, to tackle the *us and them* attitude towards those with mental illness; thereby combating the cyclical nature of current healthcare treatments, and their recurring phases of stagnation in the health system for its clients. This corresponds to Wahl's (2016, p.263) belief in the, 'healing of the whole through transformative innovation and

regenerative design creating vibrant cultures and thriving communities for all'. Gugging's design is a topography of living a well-lived life in the kinship of art, for all participants. It is a holistic model of care for people with mental illness, but also a form of care for those who mentor and care for them. Gugging's interactive processes between doctor and *patient* and the wider world reflect back to Kester's (2013, p.79) concept of dialogical aesthetic, which requires acknowledgement of:

...the specific identity of our interlocutors and conceive of them not simply as subjects on whose behalf we might act but as co-participants in the transformation of both self and society.

This synchronises with Gugging's ongoing, constantly changing, mutual recovery paths of discovery between participants; and its philosophy of community enhancement of healing, across self and society through culture and art, together within the therapeutic processes of *living in art* and *und die Welt*.

Gugging's staff, Day Artists, and the public, function as interlocutors with the Residents, to become representatives of change contributing to the portrayal of Gugging, and participating in the wider discussion on art's role in society. Staff member Höger (2019) strives to present the uniqueness of Gugging as a morally responsible institution and something, which she states is forgotten in the art world (Interview - Höger, M. - 11/02/19). She believes the art world has social and political responsibilities to bear in mind. Höger (Ibid) reports Gugging's system to be open to asking questions of itself *and* the art world.

Feilacher's strategic management and development of his core concepts empower Residents to access the real world of art, something greatly helped by the transition in Austria of de-institutionalisation towards community psychiatry by the late 1990s. Galerie Gugging's evolution started in 1994 as a joint-stock company with communal acquisition of property, leading to co-ownership by Residents. This established a legal basis for art to be sold within the framework of a standard artist-gallery agreement. Any member of the public can arrange to create art in the Atelier. Day Artists, and random visitors are significant to the social, artistic, and psychological harmonisation of the Residents, within the first echelon of the wider world. The Atelier is neither a

place for occupational therapy nor art therapy, rather it is where personal creative potential is, fostered and individualised through autonomous, self-driven art practices. This process is assisted by the light touch of Guardians, whose dual-identities as self-taught artists with social work training, relates to Van Lith et al's (2009, p.2) use of the term 'art facilitator'.

Feilacher sees the Atelier as the *gateway to the world* (Interview - Feilacher, J. - 16/06/16), where art-process and culture become resources for Residents to re-create themselves and experience rich well-lived lives as artists in society. This corresponds with Eisner's (2002, p.240) understanding that, 'the arts are among the most powerful means of promoting re-creation'. He speaks of the art form as, 'the recreation of the individual and that recreation is a form of re-creation' (Ibid). Gugging's structures of family social cohesion, supported through inter-infrastructural cooperation, situate Residents in kinship and development with Day Artists, and visitors. This is analogous to what Hume (2019, p.100) says of hospital buildings', 'unique relationship with wellbeing', albeit in Gugging's case, former hospital buildings. In Residents' environments they are culturally integrated and socially predisposed to receive a myriad of personalities, and according to their conditions, partake in conversations about their art and life. Feilacher (2004, p. 39) outlined that the Residents:

...come into personal contact with their collectors and friends; they receive guests at their home in Gugging. They can invite friends and go on vacation. This sense of community in an – as much as possible – extended-familiar living arrangement has (in combination with a certain degree of medication) had the result that their illnesses no longer have any acute phases.

I observed the social and creative development of newcomer-Residents' growing engagement, beginning as a form of recreation, and becoming something very intensely creative through time, as they are *re-created* as artists within hundreds of hours devoted to finding their artistic language and focus.

Feilacher's concept of *und die Welt* was strongly supported and crucially developed by Austrian artists Adolf Frohner Peter Pongratz, and Arnulf Rainer, and novelist Gerhard Roth. David Bowie's respect and admiration of Germanic culture led him to Gugging in 1994 with Brian Eno, inspiring the creative process of *their* project,

1. *OUTSIDE*. As a global phenomenon of huge influence and importance, Bowie conferred the same level of artistic legitimacy on Feilacher's Gugging Artists that Jean Dubuffet had to Navratil's patients nearly 30 years before. I recognised Bowie's and Eno's infused aspects of Gugging's ethos of *living in art*, when Bowie sang:

I shall live my life on bended knee,
If I can't control my destiny,
You gotta have a scheme, you gotta have a plan, In the world of today,
for tomorrow's man.

1. *OUTSIDE* - David Bowie and Brian Eno (1995)

Residents' reception as artists in the professional world, de-emphasising their private histories of mental illness, is *the* defining factor in *why* they can make art, and *not* be limited to therapeutic art. This Gugging opportunity corresponds with Sagan (2016, p.135), who identifies part of the process of a recovery trajectory as rebuilding relationships and forging new ones, 'in terms of the connections with others, the social act of art making and displaying'. Gugging has *experimented* by having open-access to world culture for Residents, through its ad hoc agenda of influential connections with contemporary artists. Fashion designer Christopher Kane collaborated with Residents in the creation of his 2016 winter collection, subsequently exhibiting Gugging Art in his London flagship-store. Since then, there have been collaborations with an anonymous Brazilian graffiti-artist, the Vienna Complaints Choir, Austrian chocolatier Josef Zotter, Swiss composer Christopher Chaplin, Austrian artist Constantin Luser, and Viennese perfumier Paul Divjak. This corresponds with Rule, (as cited in Marlow & Johnstone, 2017, p.85), who reports the growing recognition of arts and culture in developing better mental health; where losing restrictive mental health labels can, 'see the potential of how arts and culture can break into a world where previously there might not have been any other solutions'.

The level of cultural impact achieved for and by Residents, starkly contrasts with the intentions and results of Voice Collective's project in London, *How normal do you think you are?* (as cited in Marlow & Johnstone, Ibid), which focused on the deficit of mental illness, highlighting psychological traits, and using art as the vehicle. It speaks volumes that a well-intentioned artistic intervention in the UK, featured many artists

playing *with* the realities of mental health, offering scant agency *for* the mentally ill. It is surprising that such a *stigmatizing* event, which simulated disturbing psychological thoughts and behaviours in non-mentally ill persons in an art gallery, was publicised by BBC coverage. Top-down projects like this raise questions about artists' motives. Short-term experimentation in arts and mental health does not sustain mutual support of patients. In Gugging, any artistic intervention must primarily benefit the Residents in relationships of mutuality.

Gugging's double-process has continued to destigmatize and empower its intergenerational community towards sustainable longevity and meaningful lifestyles of intention, for over forty years. Living as creative-beings, Residents participate in cultural society at the highest level, and their sempiternal conditions benefit from the unobtrusive on-site medical-care and therapeutic partnership with Gugging's four infrastructures. Life-improving activities supervised by multi-disciplinary staff in assistive-environments, where some Residents have spent 60,000 hours of creativity, deliver significant contributions of greater independence, collective wellbeing, self-esteem, *and* artistic purpose. Linking lifestyles and product to the marketplace emphasises the value of Gugging's *inside-out* sustainability and longevity, through its bridging structures for aspirational roles, to operate successfully within culture, turning personal deficit into societal profit. Residents' emancipation through considerable aggregated hours of art-making, relates exponentially to Davies, Knuiman and Rosenberg's (2016, p.8) research that associated increased mental wellbeing with creating art for 100 hours or more, compared to fewer hours or none.

My findings correspond with Ramon's (2018, p.5) statement on a new definition of recovery, where medicine is assigned to a specific margin of intervention in the recovery process. Contextually this is where medicine sits in relationship to *life as therapy* in Gugging, as care and not cure for Residents' chronic mental illnesses. Priority is given to supporting Residents' journeys of reclaiming a life for themselves. Feilacher characterises this journey akin to jobholding:

It looks like more or less a job...it's very important for people to have a clear system where they are integrated in a group and they have a position in this group (Interview - Feilacher, J. – 16/06/16).

The findings reveal the ways Gugging facilitates an innovative therapeutic-partnership, where both the providers of the system and its recipients are unified in their perceptions of the process of recovery. This bears relevance to Bee et al (2015), when they describe the versatility of expressive arts therapy, and the divergence between practitioner and patient expectations of recovery. The latter invested in the medical process and outcomes, rather than investing attention and being receptive to the minutiae of the therapeutic exchange and its ability to allow patients meaningful self-governance (Ibid). Gugging's model is a testament to the power of a life lived within creative expression, rather than expressive arts therapy. The degree to which art-making in Gugging is perceived as a form of therapy is debatable, as research-participants had differing views. Guardian Haimburger thinks that, 'art is not a therapy for artists. It is a way of living' (Interview - Haimburger, J. - 23/06/16). Whilst German performance artist Langner (a long-term visitor and collaborator of the Gugging family, and represented through GG) spoke about the Gugging-process as therapy, opining, 'It depends on your perspective – a lifestyle, a job, a performance, a ritual – I see it as a ritual' (Interview - Langner, H (Birdman) - 23/09/18).

Feilacher believes that the process of art-making takes precedence over the product. The latter has influence, when success comes into the equation (Interview - Feilacher, J. - 14/06/16). He observes that success for Residents is attained on different levels according to the viability of their art reaching the professional quality for GG, thus bestowing value through financial success under the auspices of collectors and buyers. At this stage, Residents are introduced to the business framework of Gugging, which is *the* goal for each Resident (Interview - Feilacher, J. - 01/03/17)

6.3 Interpretations and implications of the results

It is important and appropriate to point out that my conditions will to varying degrees influence and impact on interpretations I place on the findings; since my stance positions me as an insider, both living with chronic mental illness, and of that being an artist. But my perspective privileges a unique insight into Gugging's artistic and psychological processes. Subjective interpretations align with my experiential-reality, yet with consciously introduced objectivity-checks to afford impartiality, differentiated facts and feelings can present themselves.

Also important to my perceptions, is that of Falling UP collaborators' professionally grounded interpretations of Gugging. Our resultant collaborative-artefacts allowed for joint-perspectives, to facilitate an interdisciplinary method eliciting new meanings. Personal reflection on artefacts worked in parallel to what the artefacts themselves conveyed to audiences about art-process, mental illness and recovery. The majority of Falling UP collaborators had not visited Gugging, and therefore relied upon my sources and published information. Five collaborators did visit Gugging with me, gaining a considerably more informed insight, particularly since three were German speakers. Nonetheless, all Falling UP collaborators could see significant value in Gugging's processes, and appreciated its destigmatizing environment in relation to their own professional and personal experience.

To illustrate Falling UP collaborators' reactions and reflections on Gugging, below is a selection of responses from our discussions on the *importance of place*:

'I think of space, probably with purpose or allocation.' – Neuro-linguistic programmer.

'The correct position of an object, or thought.' – IT worker/sound artist.

'The positioning of an item.' – Business chairman/consultant.

'A specific area.' – Actor.

'Somewhere that can be accessed.' – Learning support teacher.

'For me, the word *place* describes somewhere that is intimately familiar and loved: I think of my favourite places.' – Small business owner.

'Place: A Pause.' – RSA, Emeritus University Professor, historian and writer.

'Somewhere to be.' – Art therapist.

‘Place to me, is somewhere that I have been to in the most physical sense and experienced with someone else, place is an experience.’ – Art therapist.

‘County Place, the name of the road I grew up on.’ – Retired higher education art tutor and illustrator.

‘To me the word *place*, without any adjective describing it (such as nasty, frightening, boring, huge), means a home or safe haven for meeting people; e.g. The Ceilidh Place - a restaurant/ bookshop in Ullapool.’ – Retired Occupational therapist.

‘I believe a place reflects a temporal gap, in-between the past, present and future. It opens up the possibilities of in-between-ness; allowing me to navigate different historical, political and social interests. A place is an interconnected environment.’ – Sound and installation artist.

‘Place is a location, or where something is.’ – Comic book illustrator.

‘To me it means the same as *space*, which has no real value without an adjective to define it... like *special* or *private* or *quiet* or *small*, *outdoor*, *scary*, *big*, *small*, *safe*, *emotional*, *virtual*, *calm*...etc...’ – Public relations designer.

‘I have dictionary responses:

verb = place something down somewhere

noun = real/imaginary location

Some folk spend loads of time in fictional places (e.g. they sit in one place, their front room whilst engaging in multiple fictional places, the locations in the shows they are watching, and the books they are reading).’ – Design researcher.

‘*Place* is arguably the most important word we can hold in our psyche. It helps us establish the bedrock of our sanity. The questions, “Who am I?” and “Where am I?” are entirely co-dependent. Therefore, knowing one’s place in the social, professional or geographical hierarchy is critical to personal advancement. Any lack of humility in this regard, works at odds with the process of being.’ – Artist curator

‘Difficult to define. A location.’ – Child and adolescent psychiatrist.

‘The meaning of the word “place” to me, conveys an experience or a moment, in time co-joined with of a view that lingers in the mind.’ – Art teacher.

‘Where one is in the moment with or without other people present. A location that will evoke images and feelings and memories.’ – Nurse.

These divergent perspectives contrast with the confined scope of Fabian and Kaminoff (1983), as cited in Diaz and Dayal, (2008, para.7), whose definition on *place identity*, in which one’s relationship to a geographical place has power to give an understanding of belonging and purpose to that place, allowing individual meaning to come to the fore. Considering Gugging Residents and *place identity*, I return to Lloyd, Wong and Petchkovsky, (2007, p.208) when citing Jacob and Greenley’s (2001) conceptual model of recovery, which included the intrinsic element of *connection*, whereby, ‘feelings of belonging and contribution to the community’ are important to participants’ wellbeing. I have evidence of this in Gugging’s community through observations, visual prompt sheet-surveys, and Likert scales, where Residents, Day Artists and staff individually and collectively demonstrate a strongly defined connection to Gugging as *a special place*. Jacobson and Greenley’s model of recovery takes into account the changed-role that *empowerment* affords an individual with, ‘choices and control over the consequences in his or her life’ (as related by Lloyd, Wong and Petchkovsky, 2007, p.208). This is a characteristic of Gugging as a place that engenders empowerment.

The findings from visual prompt sheet-surveys and Likert scales on art and health, largely chime with Tomlinson et al’s (2018) results of their systematic review into subjective wellbeing in connection with participation in the visual arts by adults with mental illness. The authors validate the efficacy of creating art towards a, ‘renegotiation of identity’ (Ibid, p. 42), increased access to daily social life, greater self-respect & self-worth and lowering depression & anxiety levels. Gugging’s four key infrastructures sustain Tomlinson et al’s requisite standard of projects structured through joint-delivery of programmes, supported in a safe destigmatized environment, and operated by, ‘empathetic teams of practitioners’ (Ibid, pp.42-45).

Although no previous research investigated Gugging's artistic and psychological process, there was an anthropological study made of the HoA, by Schüssler in 1999. On the publication of her thesis in 2006, the findings claimed unethical operation of the HoA, which generated considerable controversy and resistance from Gugging's supporters. Dagmar (2009, para.6) cites Schüssler, who found, 'control, compulsory work(ing) and covering up unbalanced power relationships'. Schwarz (2010, p.106) summarised Schüssler's findings as manifesting, '(a) disregard of privacy, infantilization, control, censorship, work pressure, emotional and financial dependency and stress through the art business'. Despite key differences of focus between my research and Schüssler's, I found her study a useful metric for my own experience in Gugging. I address the author's criticisms, knowing the key players in her research as both those staff and Residents continue to live and work in Gugging; *and* were central to my investigation. I was shocked by the persistence of the author's judgemental, uncaring, emotive syntax and vocabulary (having read both from an English translation, and a more detailed translation from the original German by RA2). I was saddened to perceive Schüssler's neglectful disregard towards the vulnerable subjects of her study, who seemed to be abstractions in a debate. I detected no compassion in her words, or empathy with Residents' conditions, or any recognition for the staff who operated in the stressful, unpredictable psychological environment of psychiatric care.

Observing one of the Residents, as cited in Kooke's article (2006, para.8), Schüssler stated that:

I saw a nurse push a yellow pencil into an artist's hand and say, "Well, today we have to draw another yellow bicycle, it's selling well." When he didn't want to, she took a chocolate in a nice piece of paper and held it in front of him. She said, "If you draw a yellow bicycle, you get this bonbon. No drawing, no chocolate." That has little to do with free art. The Haus der Künstler had become a factory. Every piece of paper had to be drawn on. Everything was sold.

From my first interview with Feilacher in 2016, he clarified that the therapeutic value of *living in art* to Residents was not in art-making, rather it appeared in Residents' feelings of success on exhibiting and selling a piece of art (Interview. Feilacher, J. - 11/06/16). Participant observation permitted my understanding of the journey that most Residents could and would take, in their different ways to achieve individual

success. Residents were never hot-housed, or forced to perform in the art market. It was only after artistic maturity *and* a consistent work-rate was proven in the Atelier, that this path was available. Respecting Residents' personalities and through a caring responsiveness to their nature, this journey could take up to seven years, which, given their extreme longevity of residency in the HoA seemed an acceptable *apprenticeship*. Feilacher (2004, p.39) sums up the climate under which Residents work:

The career goal of the artist creates an opportunity to do that which one is capable of freely and independently of time. It requires no integration into a system, no adaptation to work schedules or superiors. The artists in Gugging can draw or paint whenever they want to; everything is open. Through this freedom it is possible for them to achieve accomplishments that are unusual, and these accomplishments are acknowledged in certain sectors of society. Thus success is achieved on a financial, but also on a social level.

Feilacher also cautioned me to beware of some Residents' manipulative nature, and that I should not always take what Residents say at face-value (Interview - Feilacher, J. - 11/06/16). This advice proved sound, and echoed conversations I had with collaborator-psychiatrists. Experience and insight of Residents' behavioural patterns observed through participative activity and collaborations, informed my reaction to Schüssler's 'No drawing, no chocolate' (as cited in Kooke, 2006, para.8). I believe that the Resident involved *knew the game being played* and wanted the bonbon, knowing he would do the work anyway. He *now* had the bonbon, an artwork that would sell, and money when it did. Who was the loser in this therapy? Each had performed the *dance* of Feilacher's therapy; I see this as much less insidious *and* more human than conventional expectations of treatment. I consulted with two Falling UP collaborators, medical professionals, who worked in the Royal Edinburgh and Rosslynlee psychiatric hospitals in Scotland. Their experience of the *persuasions* required, for use with patients to help them take medicines, and undertake therapies:

Psychiatric patients cannot be persuaded to do what they don't want to do. You have to co-operate a lot with what they do want to do. Cigarettes were used as a form of treat. Patients were given the menial task, under supervision by nurses, to string 7,000 labels for a local business, some hated it and others loved it (Interview - Runciman, E. - 09/03/20).

Inducement is a form of support, and individual differences in patients must be respected. Families do bartering all the time. The perspective matters, it all depends on who is doing the looking (Interview - Runciman, P. - 09/03/20).

When Schüssler, cited in Dagmar (2009, para.6), claims that the HoA exerted systemic, ‘control, compulsory work(ing) and covering up unbalanced power relationships’, I wonder whether Schüssler had visited psychiatric facilities prior to researching Gugging. My own experience of treatments, and research visits to psychiatric facilities in Scotland, found inherent characteristics of residential psychiatric care that supported patients within a structured-system, which does not allow free-rein to patients; and when power-relationships had been revealed, the balance of authority and benign control inevitably rested with the caregivers.

Pertinent to Schüssler’s (2006, p.334) accusation of interference, Maclagan (2009, p.96) questions the outsider status of the Residents, attesting that they were, ‘solicited to make art’, and that subtle pressure was applied. Although Maclagan did not question the human value engendered in its community, he believed that Gugging demonstrated an *institutionalised* phenomenon, where its artworks were, ‘artefacts of the institution’ (Ibid), and Residents were, ‘on show’ (Ibid) alongside their art to visitors interested in purchasing their work. Having seen Residents at work, and having collaborated artistically with them, I have no evidence of interference in their creative-process; and everything I witnessed contributed to the Residents’ status as artists, and *not* Outsider Artists or Art Brut artists. Since 1990, when Residents were awarded the Kokoschka Prize as *Gugging Artists*, their outsider status had been changed to become *insider* international art prize recipients. My data records Gugging’s support-strategies that alleviate the pressure of exhibiting, to become an acceptable part of Residents’ re-integration experience. Katschnig (2019) relates that any Resident wishing to exhibit should first produce up to 200 high quality artworks, for review and consideration by herself and Feilacher (Interview - Katschnig, N. - 12/02/19).

On the key role for Guardians in their supervision of Residents’ creativity in the Atelier, Feilacher says, ‘all must try *not* to influence. They can give back the question supporting Residents’ ideas through reflection’ (Interview - Feilacher, J. - 12/02/19). In conjunction, Head Mental Health Nurse Helfert describes Gugging’s, ‘fertile creative, supportive and reassuring environment’ (Interview - Helfert, A. - 13/02/19), where the institution takes its duty of care seriously to enable artists, and *not* patients. She states that supervision is very much of the, ‘light touch’ variety and that Residents

are, ‘quietly but not conspicuously’ monitored (Ibid), (see DVs 26 & 27, pp.227-228). Katschnig, emphasises that Residents must have *proven psychological stability*, in order to be ready for representation because, ‘an unstable person is not good to force to sell their art’ (Interview - Katschnig, N. – 12/02/19). Each insight into the professional relationship between staff and Residents, I experientially-observed as a functioning constituent factor, in the informal and formal activities of Residents’ lives (see DV 32, p.233).

Schüssler viewed the art-working practices in the HoA as akin to a factory, and to certain extent I concur; although I consider it more a, ‘cottage-industry’ that is superimposed over the family business of GG. Nevertheless, Gugging resembles a factory in two ways. Firstly, the Bauhaus was to all intents and purposes a factory, as its practitioners designed under the unifying principles of form and function, for the mass production of artefacts embodying their individualistic creative visions. Gugging can be conceived as an *ideological* or *cultural* factory, in the way that Der Blaue Reiter art movement, collectively constructed and manufactured a spiritual awakening through individual artists, which was then projected into the art world. Andy Warhol’s *factory* I see similarly, and it was *even* called, *The Factory*. Secondly, Gugging’s conceptual superstructure operates as a factory, because it is a highly efficient, productive system *and* a supportive ethical business model; involving Residents at the core of its day-to-day functioning as professional artists. Art is their job, and GG their protected-structure *and* means to earn-a-living. Gugging’s two processes expressed through its four infrastructures, collectively deliver Maslow’s (1987, p.64) expanded hierarchy of needs; and provide for: *deficiency* (physiological, safety, belonging & love, self-esteem); and *growth* (cognitive, aesthetic, self-actualisation, transcendence); (see DV 12, p.213). Perhaps Schüssler had never witnessed the long-term value and impact of *success as therapy*; and thus, she may have misconstrued the efficacy of a lifestyle in society through *living in art* and *und die Welt*.

Schüssler (2006, p.85) claims that apart from Walla, Residents would not create art if not given instruction; whereas my research supports that there is a strong desire and inherent drive to create art daily, as the primary reason for Residents being in the HoA. For Residents Andi and Reisenbauer compulsive art practice appears to release their

obsessional, repetitive mark-making that reflects part of their psychological and behavioural needs. Whereas, Residents Max and Thao are *drifters*, displaying varying levels of focus and hesitancy, within their compulsive rituals of uncertainty. Max bemoans his creative block and low progress rate, unaware that this is a normal experience; but Max seems distracted by his peers' achievements, yet there is no external intervention to adjust his pattern of practice. Reese, (2016) when describing the seismic change in Gugging on Navratil's retirement, stated it was, 'just by coincidence' that certain Residents eventually became artists, and only after Feilacher convinced them to continue their predilection for their art-making (Interview - Reese, F. - 15/06/16). Contrastingly, Reese mentions Resident Walla, who had been creative for decades before Feilacher had introduced *living in art*, and relates that the only important thing for Walla was creating his art, and not the appointment of a new label of being an artist, or the subsequent recognition arising (Ibid). Reese is profoundly convinced that enabling Residents to live *as* artists was the correct thing to do, but believes that some Residents would not be instinctively predisposed to continually create, had they not lived in an environment of perpetual encouragement (Ibid). Ironically, Reese, who strongly opposed Schüssler's position concurs inadvertently with the observed behaviours, but *not* the wider interpretation that continuity in art-making would be adversely affected and wellbeing reduced.

In 1983, when Feilacher became Navratil's assistant, Walla was one of nineteen patients living in the Centre for Art and Psychotherapy, which was then part of the Lower Austrian Psychiatric Hospital. Navratil directly influenced his patients' art by giving them themes and topics, and showing them art books with reproductions. By 1999, when Schüssler visited Gugging everything had changed. The patients were not only called artists, art-making was their profession. The Centre for Art and Psychotherapy had been changed by name *and* purpose to the House of Artists. Only eight former patients of Navratil remained, and five of today's artists had only just arrived; and then in 2000, the HoA became independent from the hospital administration, as a private social-welfare facility. Feilacher's relationship with Residents permitted them time to evolve creatively and to develop as artists. It was a very different world from Navratil's achievements.

Schüssler respect for Navratil's traditional style of psychiatric care, and his conceptualisation of patients' creativity as *state-bound art* within Art Brut, is clear. It appears to have stimulated an almost anachronistic criticism of Feilacher's transformative approach towards a responsible, mutualistic mentorship of Residents in the real world. Perhaps Schüssler's perception was garnered in hostile reaction, towards her imagination of what might have been. Was Schüssler's advocacy for Navratil influenced by reverberations of those eight older Residents, from that era, who were already embedded within Feilacher's process in 1999? A process that started over a decade before she arrived, as Gugging had already transitioned into a destigmatizing respectful environment, where ten of the thirteen recipients of the Kokoschka Prize, lived and worked with agency.

Schüssler and Reese significantly differ in their experiential-understanding of the underlying long-term processes of Gugging. Schüssler was an anthropologist, who spent two months living on campus, conducting her research. Her experiences resulted in a passionate attack on Gugging's fundamental practices, which she determined to be coercive of Residents, to become artists in ways that exploited their artistic-process, to the sole benefit of making money for Gugging. Whereas, Reese was a young artist working as an unpaid intern, helping to refurbish the Kinderhaus building; becoming a key figure in the creation of the Atelier, as its first Guardian. This bestowed upon Reese a professional insight into the Residents' creativity and daily routines, where he experienced Gugging's processes to destigmatize and transform Residents' lives within a, 'dynamic of re-defining or negotiating their role' (Interview - Reese, F. - 15/06/16). Reese perceives the intrinsic nature of *living in art* as creating a normalising environment for Residents; describing Gugging's atmosphere as, 'it's so bloody normal. It's so incredibly normal'; something he states has become influential to other open-studio programmes around the world (Ibid).

Reese (2020) counters Schüssler's argument stating that many of her critical points were observations *removed* from their wider context (Personal Communication - Reese, F. - 06/03/20). Reese accuses Schüssler of intentionally portraying exploitative behaviour in a polemic; charging her of misrepresenting staff, citing the example of her quoting staff in their regional Austrian dialects, selectively emphasising particular words and conveying, 'an image of being a quite simple-minded and un-reflected

person' (Ibid) Reese compares this to his experience of the educated, caring, and professionally respectful staff in Gugging. Reese claims that Schüssler was blinded by her own enthusiasm for, 'unveiling a well-known and respected institution. Well, you know, the easiest way to get famous is to kill somebody famous' (Ibid).

When Schüssler (2006, pp. 311-313) charges Gugging with providing Residents, 'a rigorous art-training with their psychiatrist for decades...a comprehensive classic teaching programme', it begs the question about her own education. If art education were to be like Gugging, it would be an especially never-ending and un-didactic experience. Returning to Wexler and Derby's (2015, p.127), assertion that Gugging is an example of an art centre using non-traditional teaching methods, to facilitate its artists', 'own iconography with minimal restriction'. I consider this a flawed observation, and have perceived several new Residents over the past six years to be compulsively self-driven, in the creation of pictures over considerable periods of concentrated developmental time. Their personal aesthetical style emerged through an autodidactic process; and no teaching method was evident anywhere in Gugging. Atelier functioning is far-removed from the activities of an art classroom or vocational art class, where instruction would be rife. Schwarz (2010, p.71) reports the Atelier to be a socially integrative place, where staff used a caution-orientated approach to avert the potential of instructive methods when assisting Residents.

I agree with Wexler (2012a), in Wexler and Derby's (2015, p.128), who made the observation that disability and *normality* is blurred in Gugging. However, I question the authors' interpretation of the Atelier's operation, particularly when they conclude that art and education is the direct cause of this boundary-erosion (Ibid). To separate the words, *art* is indeed the key factor, but *education* as a factor is through experiential-education that occurs on entering an unfamiliar situation. For example, in the Atelier social education reverberates reflexively between visitor *and* Resident. I concur with the authors' claim that Gugging actualises individual and collective understandings of the degree to which, experience realises identity (Ibid). Correspondingly, I noted the differential referred to by the authors between special art education methodology and that of art centres, including Gugging, which promotes the value of participants' art as *art* (Ibid, p.138), rather than a standard diagnostical tool.

Schwarz (2010, pp.70, 72) appositely frames the Atelier's operation away from art therapy, discovering that it is not a conventional therapeutic facility, but rather a workplace to serve the Residents; yet open to anyone, regardless of diagnosis or talent. Whilst Schwarz correctly observed the importance of product over the process of its creation, she downplayed the therapeutic nature of the Atelier. The Atelier's diverse roster of visitors is crucial to Residents' direct and indirect experience of people, as an informal social *education*. Visitors comprise the familiar long-term Day Artists, who come for personal therapeutic reasons, and the unfamiliar but pre-arranged, intermittent, and one-off visits by others attending for their own reasons. My observations support Wexler and Derby's (2015, p.138) conclusion, that the Atelier is direct evidence of social interaction between artists and audience, where the latter's education and understanding of the art's value is impacted upon.

Returning to themes of *self-teaching* and *no-teaching* in Gugging, I have durationally observed in Residents' art, depictions of nature and familiar objects; their inner desires and fantasies that hold sway over their minds; and intuitive mark-making of pure imagination. All can be observed longitudinally to play a significant role in the creation of their art. Resident Lenny's drawings of complex geographical memory-maps reflect the multitudinous places visited with his parents. Contrastingly, Resident Karl explores his persona *as* Prince Karl, who travels his own world, satisfying sexual desires with a myriad of women, in narrative dream-pictures. Based on first-hand knowledge of Residents' personalities, creative tendencies and artistic output, it is very rare for them not to be actively engaged in themes of their own choice. Residents Katharina, Helmut, Erich, and Jürgen sometimes look at magazines, books, or printouts for inspiration; but these always translate into their persistent themes, converted through application of materials, and transformed into their individual aesthetic styles.

Residents' mental conditions and fixations play a role through repetitively depicted, recurrent kinds of mark-making, and compositional-positioning. Jürgen's Sci-fi obsession results in his endless series of spaceships, meticulously created by pencil strokes, as if atoms were assembling in their artistic construction, when in that moment he *becomes* Starship Commander. When fixations present art-making difficulties, as with Max, it is a personal issue, which Guardians expect Max to resolve himself in his

own time. Guardians experience vicarious frustration but realise they must not interfere with anyone's capacity to unblock their creativity. Consequently, they never offer suggestions that would lead to a resolution. Katschnig takes a more tailored and nuanced approach to help Reisenbauer during his moments of indecision. At eighty-one years old, he displays symptoms of Alzheimer Syndrome, therefore, Katschnig offers gentle prompts, reflecting his thoughts back to him so he can ultimately proceed with a decision; for example, to choose a colour for petals on a flower he is drawing. Reisenbauer requires Katschnig's reassuring presence as he works, although he does not need her by his side beyond her aide at the beginning of a painting session. There is no practical or moral need for Guardians to offer, or direct a suggestion to activate Residents' creativity. By their very nature, Residents are un-teachable and un-trainable.

Emphasising my declared-identity to Residents, I collaborated with them on a variety of spontaneous activities of art practice as Falling UP Gugging (see Analogue slide 20, p.192). These co-created acts became enactments within *und die Welt*. Our creative play and performative activity offered reflexive-process, gauging participants' decision-making skills, and instinctive ability to engage impromptu, in unfamiliar creative situations. For example, with the ribbon activity, myself and participants held and experimented with several coloured ribbons through intuitive configurations of rhythmic motion (see DV 10, p.211). When I pre-briefed Feilacher, he confidently suggested I ask whosoever I wished, and if they said 'yes', then it would be their choice to participate. One particularly inclusive large-scale sequence of performative activity, took place using the Scottish artist Richard Demarco's signature-jacket. Residents were invited to try on the jacket, then to retrieve one Austro-Hungarian Imperial playing card from its many pockets (see DV 11, p.212). I designed the act to harness the power of transference using Demarco's jacket as a symbol of boundary-crossing in Europe, symbolising Scotland crossing into Austria, and vice-versa. Demarco's numinous presence *visited* Gugging, as embodied through performative action. The playing cards were a metaphor of the joint-heritage shared between Residents and myself, connected to the notion of legacy *playing* upon changes within Austria on a macro scale, and referencing Gugging's historical transitional change. A single playing card was gifted to each Resident, their having fetched it from a particular pocket.

My intention was a performance of giving and generating our shared, lasting memory of collaboration. Residents' own *free will* infused each moment of participation, and was outwith staff presence. There was no passive or active external-influence, or any interference in Residents' activity. Unexpectedly, to my surprise and delight, a number of staff gamely took part themselves. Their impromptu participation contributed to my aim of spontaneous inclusion. Part of the purpose in trying on Demarco's jacket was to experience unfamiliarity, when wearing someone else's outer identity; and to explore its inner spaces in search of a gift.

During February 2019, I was influenced by Schüssler to closely inspect the notion of staff control and interference. I used a site-specific process of interaction and reflection, as an investigative tool to focus on a large puppet, *Die Puppe*, created by my mother to represent me, at the point I first became mentally ill. *Die Puppe* travelled in my suitcase, and was unveiled and *given life* over the course of one day in Gugging's community, eliciting surprise and interest, individually and collectively, from Residents, Day Artists, and staff. As I showed *Die Puppe* and explained its background, I encouraged participants to hold and inspect it up-close. This offered insight into my vulnerability of living with mental illness, as embodied through artefact, prompting questions and reflective commentary by all. Residents were approached individually during that day, and these interactions took place as unprepared moments. This indicated that staff were completely accepting of Residents' participation, whether in their workplace or their private living area. Everyone's routines seemed flexible and open to these random collaborative interactions. This speaks volumes about the relationship between staff and Resident, where both sides *can* welcome change to routine, and commit to the potential of creative play without deliberation and fear of the unknown. Eight Residents and the key staff, who were present at the time of Schüssler's research, and still in Gugging, engaged with *Die Puppe* in an improvised manner that was personality-appropriate for all, in joyful engagement.

These spontaneous performative-experiences evidence Gugging's highly flexible structure and ethos, where Residents and staff can digress from their work routines, to show high capability for *on-the-spot* engagement in Falling UP Gugging. Our collaborations spanned a diverse range of genre and technique, exemplified by

cooperation with Residents, Day Artists, and staff in digital art. One digital collaboration resulted in the *Gugging Ark*, which was designed to enable participants to holistically imagine outcome and narrative, on being asked to conceive which animal they would like to be, in a hypothetical ark representing Gugging. Navratil (1994, p.210) had indeed once referred to the House of Artists as a, ‘Noah’s Ark’. A metaphorical portrait of participants would be realised from their choices in a series of digital artworks that would place the ark on Scotland’s coastlines and landscapes. Each animal-participant appeared in the changing compositions of a digitised version of my childhood toy ark, on land and sea, symbolising Gugging as a place moving through time and place. Residents were able to express their ideas without requiring staff giving them prompts. The outcome of our verbal transactions was a series of Photoshop images created by myself and RA1, which were then printed and placed into a slide-show, returning with us to Gugging on our next visit. We showed each participant the final artworks, garnering responses of great curiosity, and amazement of our collaboration (see DV 9, p.210).

The Gugging Ark became a constructed Falling UP exposition artefact, directly representing the imaginations of Gugging participants, and their ability to respond to an inclusive theme. This activity enabled Residents’ self-agency and self-determination, additionally measuring the extent to which they could participate in parallel to their own art-making. It demonstrated, like each Falling UP Gugging activity, that Residents could contribute to interventions without compromising focus on their self-driven art practices. The very fact that they could shift between the two creativities, evidenced that Residents were not sitting in limbo, passively waiting to be given a theme or topic by staff, before they could commit pencil to paper, or engage with people on something new and equally demanding of their creativity. I noted great willingness and an effortful involvement by Residents, to do something unusual, outwith their usual routine. Interactions with me identified the openness, adaptability, and flexibility of Gugging’s core-community. Falling UP Gugging revealed a very different image of Gugging that sharply contrasts with Schüssler’s portrayal, and indeed with my own initial impression.

Schüssler’s condemnation of the HoA as factory is ironic, when it is actually only by being that cultural-factory Gugging could situate Residents inside society, and not

outside its margins. Residents reap a double-benefit from being inside *and* outside, simultaneously. Since the 1990s, Gugging has demonstrated that its business activities (through GG, and Residents' capacity to create sufficient artworks of quality, and to earn a living from art) can function simultaneously in parallel with residential healthcare *and* connect to real world art and culture. Whilst a rare thing for factories to thrive during a downturn in productivity, Gugging managed to do just that because of Feilacher's vision for its future. Between Schüssler's first visit in 1999 and the publication of her thesis in 2006, 12 Residents created artworks to support 28 exhibitions in 1999; followed by 16 in 2000; 23 in 2001; 14 in 2002; 14 in 2003; 12 in 2004; 13 in 2005; and 13 in 2006. The progressive reduction in exhibition numbers was primarily due to GG using significantly greater gallery-space in the former Kinderhaus building, for larger exhibitions and longer periods of display, whilst continuing its international exhibitions programme. Also in the Kinderhaus, the Atelier opened in 2001, attracting visitors and artists. MG was being prepared for opening in 2006, to complete the new ABC. Schüssler (in Kooke, 2006, para.14) asks the question of who ultimately benefits from the success of Gugging, stating:

For whom has it become a success? The situation of the patients is not getting any better, although they receive a large part of the proceeds into their account. Whoever benefits from it, is director Feilacher, who has become an art manager instead of a psychiatrist. He is nationally known, which supports his career as a sculptor. The interior also improves. This summer a museum was opened next to the Haus der Künstler with funding from the province. The gallery is doing good business because of the percentage it receives from the sale price.

Since 2006 the Residents have benefitted from the cumulative effects of thirteen years of regular social events and artistic experiences in the ABC, connecting them with cultural life, and meeting people from all over the world coming to see their art. MG situates both first generation Residents' masterworks alongside current Residents' artworks, recognising their status as world-renowned artists in the field of Art Brut, becoming a significant and unique collection, and a forum for international Art Brut. The year that MG opened, Feilacher (2006, p.13) described it as:

...a place where comparisons between other styles of art and Art Brut could be drawn. We wanted to show that Art Brut was not just a *psychopathological* type of art, but that it could stand up to other styles and surpass most of them in its ingeniousness...Our new museum is meant to serve as a seal of quality for all

the artists it represents, just like MOMA New York is a hallmark of classical modernism.

The Smithsonian Magazine proclaimed the ABC to be ‘...(the) center for the “Raw Art” Movement...a museum exhibiting the works of some of the world’s best self-taught artists’ (Nalewicki 2017). However, the ABC is not just an exhibition space, it also offers an education programme for kindergarten, primary school, high school, and university students to learn about the Art Brut movement and the Gugging Artists; it provides creative activities for family groups; event-spaces for private hire in MG and the Birdman House to businesses and the public; talks and guided tours in MG; and in 2019, Café-Bistro am Campus opened, allowing more incentive for visitors to enjoy the Gugging environment. All of these *und die Welt* opportunities benefit Residents socially and psychologically as fertile tensions between a quiet life and a busy life, normalising their environment *away* from Gugging’s past as a psychiatric hospital. I have observed growing confidence and increasing self-esteem in Residents and staff as the growing programme of events gives wider purpose, meaning, and recognition to the life and work of the Gugging’s *family*. I noted and documented these in observations, conversations, interviews, and visual prompt sheet-surveys with Residents, Day Artists and staff. All of these enterprises are a world apart from Schüssler’s residency in Gugging; yet, records, publications and documentation from then *had* signposted the pathway to *this* future. Schwarz (2010, p.137) similarly remarked, ‘it can be said that their (Schüssler’s) research is based on experiences ten years ago. A lot has happened in recent years. Gugging changed...’.

Schüssler’s (in Kooke, 2006, para.14) contention that Feilacher was more art manager than psychiatrist, and that national fame through his work in Gugging supported his career as a sculptor, ignores the purposes of his role as Director of the HoA, and, the Art Director of MG. Feilacher’s artistic career had sufficiently impressed Navratil, to employ him in the Centre for Art and Psychotherapy. Feilacher’s role from the beginning was primarily to assist in an art project for the patients; and his primary qualification for this function was to be a practising artist, who was also a psychiatrist. Feilacher’s double perspective had been the necessary ingredient for his conceptualisation and management of Gugging, as it transformed beyond the limitations of Navratil’s restrictive understanding of Residents’ art as *state-bound art*.

Feilacher's success as an artist has always been separate but parallel to Gugging's success. That both are simultaneous is highly relevant, and affirmed an essential connection between the Residents and Feilacher. He calls them his colleagues because they are of equal status as artists, as well as existing together on a long journey outside the realm of traditional models of psychiatrist and patient. Each summer, Residents visit Feilacher's gallery and studio for a barbeque. Although the studio grounds are filled with sculptures, Residents aren't interested in Feilacher's art. Their art is so different, which is interesting because there is no aesthetic flow between them.

Gugging's ethos reflects Hume's description (in Grigoriou, 2019, p.102) of patient-doctor mutuality, as related by a patient in the Royal Brompton Hospital:

...we started talking about painting, and we didn't talk about clinical stuff at all...and then I thought, there we go! That's successful. And I didn't feel as ill – you know you don't feel as ill when people are talking about something you're interested in, rather than talking about what you're suffering from.

Although less articulate verbally, Gugging Residents are highly communicative but in a repetitive fixed-sense, reflecting obsessional interests, which inevitably include art-making. Residents generally engage in unfocused conversations. Feilacher's dual-identity means mutualistic communication with Residents, understanding their mental illnesses, and their art practices. My observations of the liminal exchange between Residents and staff record a plethora of conversations focusing on Residents' interests and art; never pertaining to their chronic conditions, which are personal, and only for private discussion with Feilacher and HoA medical staff. My many interactions with Residents saw only Max choosing to speak eagerly about his mental health.

I believe it ironic that Feilacher's artist-identity and consequent relationship to Residents was seen as a detraction in Schüssler's eyes, instead of seeing the extremely important positive factor that Gugging needed, to achieve success in the art world. To engineer and manage this, Feilacher needed to be more than just a psychiatrist, and to harness his understanding of art to authentically engage Residents as an artist *amongst* artists. Feilacher's long experience in promoting, exhibiting, and selling his art, would see Residents reap their own rewards through his processes, and *not* only financially. Schüssler (as cited in Schwarz, 2010, p.104) claimed a discrepancy between the

earnings of GG and the Residents' income, considering the former to gain large sums and the latter to receive pocket money for cigarettes, sweets, and newspapers. However, my consultations with Katschnig, and supporting evidence from interviews, along with the records of sale and commission for Residents' art, show that sales of art afforded a 50% share to the Resident. I consulted Falling UP collaborators, one a member of the Royal Scottish Academy, and the other a Director of the Scottish Gallery in Edinburgh; and according to both, Residents' arrangements for sales' commission with GG is in line with standard professional practice in the UK.

These earnings could not simply be released as cash, rather it was to bank accounts administered by Residents' legal representatives, or legal guardians, who protected their financial assets, with responsibility for allocating pocket-monies. If Residents consistently earned large amounts of income, a cut-off point was reached and their assets contributed to their state-funded care in the HoA. For several Residents, whose income was sufficiently high, their assets contributed to healthcare costs, and to The Private Foundation of Gugging Artists. This foundation is partly owned by the Residents; therefore, they have a stake in the long-term maintenance of Gugging's healthcare structures. This arrangement evidenced that Residents, who consistently sell art are active in the provision of their welfare, and not passively enacted upon by the *charity* of the state. Psychological conditions mean that Residents are unable to live independently, and cannot accept responsibility for dealing with their own earnings. Helfert (2019) explains that they are given daily pocket money, which can be used to buy small items, either in the ABC from the vending machines, or the supermarket at the bottom of the hill (Interview - Helfert, A. - 13/02/19). Some Residents choose to buy modest luxury items like small radios.

Who does not see the tragedy in our own society, where increasing numbers of vulnerable people with mental illness and learning difficulties, are incapable of managing money? If lucky, they form a dependency on family members, friends, support workers or charities, to coordinate their dire psychological, social and financial circumstances. Gugging's Residents are highly fortunate in their living situation, receiving their basic needs; a place to sleep; food to eat; social amenities; and a dependable safe environment as part of Gugging's family. The bonus of potentially earning money with GG is a real-life opportunity to fulfil their potential,

and a wholly separate need. To say that money is withheld from Residents, and that they do not get their fair share from sales, profoundly misunderstands both the financial and *affective* set-up of the HoA and GG, *and* also the way Residents' artistic success has been managed over decades. Understanding how Residents perceive financial earnings requires consideration of what money might actually mean to them, even though they already have strong support of long-term family and business structures. Such an innovative business/care model is not discriminatory or exploitative towards Residents, who attribute a different value to money when compared to feelings of family belonging.

I believe that Gugging's model of business and healthcare responsibly protects Residents from the untenable circumstance of constant spending, which would expose their vulnerabilities, and place pressure on day-to-day decision-making. Daily pocket money is the means of teaching Residents something of how to use money as a transactional process, on a manageably small scale. Some Residents require support in doing very basic tasks, such as getting dressed, maintaining personal hygiene, and even keeping their hair tidy. Feilacher (2019) outlined that anyone needing to live in the HoA must require a support structure, in order to function in their life (Interview - Feilacher, J. - 12/02/19). The reality that most people take for granted - choosing clothes, getting dressed, and washing oneself, is a *luxury*-skill that not everyone in society is capable of. For some Residents, what they wear day-to-day is unimportant. Others such as Garber care very much, having a preferred style of clothing that is a staple of his persona, *curated* across a lifetime of expression, and a legacy of being a famous artist. For Garber, it ties into his penchant for collecting found-objects, each of personal significance, each adding to an abundance of second-hand objects, which he sometimes over-paints, contributing to the growth of his *Garber Salon* in MG. Sometimes he wears his collected objects, alongside his sheriff badge strung around his neck (see Analogue slide 7, p.179).

Contrastingly, most Residents dress in an unremarkable fashion - *fashionless* akin to many members of the public - other than when they attend the opening of another Resident's exhibition or for a birthday celebration in the HoA. Residents' clothing choices are not something I question, because I perceive them as people of equal status to others. Residents are not *patients* to me anymore than *I* to them. Therefore, when

Schüssler spoke disparagingly about Residents' appearance and clothing, I am offended.

According to my experiences, Schüssler's perception of *the other* echoes an undiminished fear in society, despite mental health advocacy and its initiatives of hope. Fear of the mentally ill and psychiatric facilities plays into a deep-rooted, stigmatized aesthetic of how such persons dress and carry themselves, walk and talk, and create pictures of *madness*. What may appear a subjective observation to others, whose experience resonates with the seemingly harmless, charming and quirky character portrayals of mental illness in culture, as in film, television and literature; *is* a considerably challenging life to live. Maclagan's (2009, p.97) critical comment that Gugging Residents, 'look very much like old-fashioned mental patients', compares Gugging with those patients in *The Living Museum* in Creedmoor State Hospital in Queens, New York, who, 'don't look obviously different from the rest of us' (Ibid). Such a stigmatizing, superficial slight carries a great deal of ignorance of the reality of those living in the HoA. I find it sickeningly disempowering that Maclagan finds such interest in differences to be a pejorative thing. Is it significant, or appropriate for Residents to choose clothes according to fashion tropes, or acquiesce to *cultural norms*, decreed by visiting outsiders? In point of fact, Day Artists dress in comfortable practical clothing, because they are working in an art studio. When they do *dress up*, it is when attending functions deemed important by them, such as exhibition events.

Interestingly, when internationally renowned, fashion designer Christopher Kane visited to collaborate with Residents, there was no inference of disparagement or condescension towards Residents' appearance, or otherwise. Kane spent considerable time with Residents, garnering Gugging's respect. Gugging does not attempt to present anything other than an atmosphere of normality, *business as usual*, providing stability and reassurance to Residents' routines. It would be remiss and amoral if Gugging did not assist those Residents who cannot care for themselves, leaving them unwashed and unkempt. Residents' dignity is of paramount importance to Gugging; and it is so very *not* a false image artificially maintained, as Schüssler claims. It is in reality mutual respect.

My findings reflect Benton's (2018) model to relate mental health and mental illness as separate capacities, generating purpose and fulfilment in people's lives. Gugging's system demonstrates this across its multi-faceted support framework. *High mental illness* is a debilitating factor limiting Residents art-making ability, during which they experience *low mental health*. Gugging's counters this through equilibrium in psychiatric care and medicine. Guardian Schneckeburger describes Gugging's treatment relationship of medicine *and* art-making as:

I think medication can help but it can't be the only treatment, it's just too far away from the person. It's dealing with your body and it makes things easier, sometimes also harder but when you find the right medication it can be a baseline for doing the real treatment; the personal treatment, which can be therapy, going back into a working process like art, going back into society...I think it's much more important than the medication (Interview - Schneckeburger, R. - 10/04/14)

Residents' medication is a highly necessary foundational aspect, alongside which, art-process is situated as *living in art* to engender better actualisation of *High* mental health and *Low* mental illness. Gugging's *non-over-reliance* on medicine and its formulaic doctrines chimes with Deegan's (2001, as cited in Lloyd, Wong & Petchkovsky, 2007, p.207) belief that new identity materialises for those with mental illness *as* subjective experiences, where self-discovery contributes to changes in mental conditions and behaviour. My findings connect to Ramon's (2018) position on recovery that emphasises patients attaining degrees of social recovery, as lessening the restrictive nature of *biological* citizenship tied to medication. Gugging realises *active* citizenship for its Residents in which their choices are respected, encouraged, and can impact upon the nature of their environment.

Residents reside within a restorative family-collective, corresponding to Kennard's (2014, pp.85-86) statement on the efficacy of therapeutic community in the transformation of people's identity. Gugging's realisation of its model of community is not just beneficial to effective delivery of healthcare, but also operates as a social project, functioning towards Residents reaching their full societal-potential, as artists. This echoes Vanderplasschen et al's (2013) opinion on the value of the client-centred approach in their assessment of mental health, recovery and community; citing the ability to distinguish between clinical recovery and personal recovery. This

particularly relates to Gugging's emphasis on recovery as a process that realises new lifestyles of meaning and satisfaction, through individualised agency within society. Feilacher states that Residents' goal is to find their individual, '...drawing language...(their) own voice...a very personal language' (Interview - Feilacher, J. - 07/03/17). Residents' artistic development evolves long-term and is never rushed or forced, because Gugging operates strategies for patience, and is accepting of individual potential in achievement. Those Residents, whose art is *not* of a standard to exhibit are *not* expected to leave the HoA; rather, Feilacher regards them as important to the group-dynamic, believing they add balance and diversity to substantiate necessary community differentials. He considers this differential to play a positive role allowing for, 'other artists to live in a better way' (Ibid). In Gugging, social inclusion is self-discovery and self-actualisation, and accordingly eclectic. Seikkula's (2011, p.184) advocacy for a family-centred approach to therapy, where a tolerant integrated team facilitates mutuality in conversational community, *and* where carers and those in care co-exist, epitomises Gugging's own therapeutic realisation of a supportive family for its Residents, and the authenticity of their belonging.

Parr (2005, pp.26-27) found that Art Angel in Dundee provided a family-like atmosphere and a sense of familiarity for participants, and that Project Ability in Glasgow permitted a sense of community. Parr asserted that both projects evidenced a holistic approach, with cross community value (Ibid, p.27). It is essential to note considerable differences between Gugging and both of these third sector organisations. In addition to providing long-term residential care, Gugging embodies significant differentials in: philosophy; scale of interconnection with art market, culture and society; its evolutionary pattern; longevity; and its historical *exceptionalism*. Art Angel and Project Ability are parochially similar to Gugging's social-integration, but the inverse of Gugging's *real-world* vision that has achieved societal, cultural and artistic success, through processes and infrastructures that interlace with society and destigmatize its Residents. I conducted extensive observations and interviews during visits to nine third sector organisations that deploy art as a therapeutic-process to assist mental health recovery, across Scotland. Discovering no similarities in process, infrastructure, or principle to Gugging, revealed a significant gap-in-the-market for an innovative artistic and psychological process to help transform mentally ill people here in Scotland, through recovery-

lifestyles of socio-cultural functioning *and* integration. Gugging's system powerfully removed stigma associated with *patienthood* through Residents' functioning contribution to culture and the art world. Regrettably, this is not the case for the organisations I visited, where an identity as an *artist* would be *wishful thinking*, with scant means of actualisation for said organisations' *clients*.

Yet, not everyone perceives the value of Gugging to its Residents. Maclagan (2009) was critical of their artistic-status because it removed the psychiatric context from the art. Perhaps motivated by diversity-rights towards psychiatric art, nonetheless it disregards Residents' *lives-as-artists*, and their drawings *as* art. I argue that Maclagan's (Ibid, pp.98-100) perception of Feilacher's Gugging misses the significance of the destigmatizing evolution of Residents, through self-actualisation *away* from patient-artists to *becoming* artists. I dispute his negative perception (Ibid, p.20) of the art market's role in deciding the value of Residents' art; for it is precisely because the art world bestows such importance and value on their art that it *can* exist in the real-world, and not only in niche museums of curiosity, like the Collection de l'Art Brut in Lausanne, Switzerland. That this is so, resulted from Feilacher's process of *und die Welt*, which privileged the art *over* its creator's private medical history, to focus purely on the fact that it *was* deemed to be art.

Professional standards in the global art market apply across all art forms and genres, focusing on provenance, rarity, demand, marketability, and commercial performance. All art is judged in the market, so why should art from Gugging be the exception? I consider there to be a clear distinction and separation between an artist's mental illness and their art, where art ultimately stands or falls on its own terms. This is evidenced in the market. In Sotheby's global-sale of the late David Bowie's private art collection in 2016, the inclusion of Gugging Art alongside globally famous artists, from Koons to Basquiat, formed a value-of-relatedness in their connection as *equals* or *peers*; because they were all purchased in the art market by the highly respected artist and global icon, to be of significance *together* as a collection - a family of artworks. GG art-prices benefit from the commercial performance in the *afterlife* of Residents' art, and in 2019 a large canvas by Gugging Artist Johann Korec was priced at 120,000 euros.

In 2019, the inaugural exhibition of the Albertina Modern in Vienna: *The Beginning: Art in Austria, 1945 to 1980*; includes many Gugging artworks in its survey of contemporary Austrian art, devoting an entire gallery-room to Gugging's first generation of artists. This particular event questions and counters Maclagan's (Ibid, p.100) assumption that Gugging Art would not work as art in the company of *normal* artists without its provenance, as Art Brut created by outsider patient-artists. The exhibition tells the story of Austrian artists, who were *outsiders* to the establishment of that era, during which a significant number of contemporary artists supported and promoted the Gugging Artists as their peers.

Chloe Ashby, of The Apollo Magazine, asked Albertina Modern's Director Schröder, 'is there's any comfort we can take from art in times of crisis?' (2020, para.8). Schröder replied:

These artists couldn't sell anything; they had no distribution network. But they insisted on the truth of their vision and on what had to be done rather than what was expected...they insisted on fighting suppression and terror, even at a time when Austria thought of itself as victim. They believed that Austria was also an actor – and this gave them enormous strength and power (Ibid).

Whilst Maclagan (2009, p.100) didn't undermine the genuine value experienced by, 'Gugging's patients' during art-making, he questioned the Art Brut status of some, and had reservations about the ethics of promoting, 'patients' art', believing it to be at odds with the genre. Schüssler (2006, pp.311-313) claimed that, 'artist-patients' under Feilacher strayed from Dubuffet's theory of Art Brut, and were being coached. However, according to Schwarz (2010, p.46), Dubuffet's original belief that Art Brut artists must be innately uninfluenced in their process, 'raw, *uncooked* by culture', had altered over time; and that the history of Art Brut itself consisted of, 'contradictions and U-turns' crossing the divide into Art Culturel (sic) (Ibid, p.48). Schwarz claims Dubuffet had become ambivalent towards Art Brut and publicity, when he recognised the importance of promoting the *Collection de l'Art Brut*, contradicting one of his own Art Brut principles of existing separately from any cultural milieu (Ibid, p.47). Dubuffet had realised both could cross-influence and overlap. This shift in position by the genre's designator, embodies the path of Art Brut as a mutable genre; persisting after seventy-five years, to become more widely accepted into the art canon,

continuously exhibited globally, and acquired by the collections of renowned institutions (Maizels, 2009, p.4).

Schüssler and MacLagan never referred to Residents as *artists*, or indeed for that matter, as *residents*; instead, Schüssler used *artist-patients*, and MacLagan *patients*. Despite the fact that since 1986, those seriously interested in Gugging would know that Feilacher removed the *patient* label, to afford Residents the dignity of being identified as artists in their own right, disconnected from their private chronic illnesses and clinical-treatment. Both authors' oversight or ignorance disrespected the Residents' actual status, compromising their critical assessment of Residents' art, and its relationship to Art Brut. I consider each author's oppressive stance to be a consequence of their failure to accept the Residents as *artists*, instead to insist they were patients, some of whom had previously created drawings, which had been validated by Dubuffet. Feilacher has consistently, and publicly declared his purpose in Gugging to improve the life-experience of its Residents through their artistic output.

Feilacher's interpretation of Art Brut shaped his plan for Gugging to become a bridge crossing into culture, the art market, the history of art, and public awareness. This epitomised Schwarz's contention that the division between Art Brut and Art Culturel was being rendered obsolete (Ibid, 48). Yet, Hammer (2017, p.23) advises caution towards the expansion of Art Brut into wider culture, expressing concern that Art Brut could be diluted and corrupted with works that did not strictly adhere to Dubuffet's original criteria. Hammer signifies that, despite evolving denotation for Art Brut, some hold fast to a bygone standard and still judge who can earn *legitimate* Art Brut classification. One might counter this through Riegl's (as cited by Kandel, 2012, p.103) concept of *Kunstwollen*, directly connecting art to its historical period, and pertaining to the distinct temporalities of culture and aesthetic-instinct within its era of origin. Riegl and Wickhoff (as cited by Kandel, Ibid) held that each age must define its aesthetics, thus any consideration of the procession into the art market and culture for contemporary Art Brut, simply becomes an additional criterion of its principles; otherwise, contemporary perceptions would be constrained, and shackled to the past. Interestingly, Feilacher did not consider all Residents, past and present, to be Art Brut; declaring that whilst each was untrained in art, some were self-taught (Interview - Feilacher, J. - 12/02/19).

Conversations continue today, as Gugging staff deliberate on *who is, and who isn't Art Brut?* And there are discussions about revising *Art/Brut Centre* to simply *Art Centre*, to enable clearer public understanding for those un-versed on contemporary art history. This would align Gugging with Ollman's (2017, p.21) wish that the future will bring a time when, 'we will discuss all art as art, and all artists as artists'. Residents' transformative lives and experiences recall Beuys' (as cited in Ferrier, 1989, p.813) belief that:

In every human there exists a potential creative faculty. This does not mean that each person is a painter or a sculptor, but that there is latent creativity in every domain of human effort.

Beuys echoes the nature and reality of Residents, who create art but exist in a separate margin to art's theoretical obscurities and their divisive canon of inclusion or exclusion. Hall and Metcalf (1994, p.xiii) define the historical relationship between the cultural needs of modernist Western artists to obsess over the art of those designated as *others*, as they incessantly collected and researched art with qualities of *otherness*; to fulfil the role of allowing them to better conceptualise and create their own art. Ross (2017, p.29) reports that the, 'power and honesty' of self-taught artists have legitimised critical theory, and cemented Outsider Art in the art world. She boldly asserts that, 'it is not just a flash in the pan – it's here to stay' (Ibid).

I feel disquieted by the persistent need for labels, but cheered by Gugging's *bridge*, which crosses over to a different shore, simply called *art*.

6.3.1 Critical impressions and negative issues

To balance what can appear primarily positive findings, I add the critical impressions and negative issues about Gugging, garnered in conversation with three Day Artists, one Resident of a short-term stay, one Resident of seven years, and two former staff.

1. Three Day Artists and two Residents experienced frustration at not having secured a GG contract, despite attending the Atelier for many years, resulting in their feelings of being thwarted artistically. They also showed jealousy towards those represented by GG. One Day Artist harboured enduring criticism of Gugging's management, the HoA operation, the Atelier environment, the Residents and Guardians. Interestingly,

one Resident, on an authorised temporary residence in the HoA to assist their recovery, was from an art school and did not fit the archetype of Resident. Although their art was not Art Brut or self-taught, they harboured expectations of a GG contract, which were unfulfilled. Up until they left, they never quite adapted to life in Gugging artistically, or attitude-wise. One other Resident who, experienced severe mood swings and behaviours of indecision and hesitancy, vacillated about remaining in the HoA.

2. A number of Viennese gallerists and collectors believe they have been denied the opportunity to deal directly with representatives of the Residents. Philipp Konzett of Galerie Konzett told me that, ‘Feilacher *killed* Gugging for collectors’ (Interview - Konzett, P. - 12/12/19). I question these gallerists’ stance, because GG as the Residents’ limited company, ensures the best deal for Residents; and is the proper channel to respectfully value them and their own business. It appears that those like Konzett prioritise their own criterion for a deal, which could divide Residents, make some worse off financially, and impact on everyone’s wellbeing.

3. Societal stigma is still an issue, as evidenced through public feedback-cards. Anecdotal evidence from people in Maria Gugging reveals that suspicion of Gugging remains; as a result, staff are prioritising local public relations. Also apparent is a very limited relationship with Gugging’s immediate neighbour the ISTA, which seemingly exists in a different world.

4. One ex-Guardian expressed dissatisfaction at not being consulted on proposed changes in Gugging. They also felt un-acknowledged over their allegation that a new HoA staff member mistreated Residents. This led to confrontation ultimately resulting in the complainer’s resignation. My perception of this ex-Guardian is that their emotional and unpredictable manner, and *almost* unprofessional level of closeness to Residents, signified a possible misinterpretation of a HoA situation.

5. Staff indicated in my visual prompt sheet-surveys, their feelings of negativity in the workplace, with only 36% *fulfilled*; 46% *valued*; 53% *welcomed*; and 57% *consulted*. Gugging staff members have a very low turnover and remain in post, some for decades. Nevertheless, these feelings and responses signify an alternate side to Gugging, implying operational demands that can cause resistance.

6. There is limited space allocated to the Atelier, with only basic materials on offer. Ex-Guardian Reese (2016) was disaffected due to what he perceived as a restricted focus on the Residents and their art-making, when compared to the emphasis on the presentation of their art (Interview - Reese, F. - 15/06/16).

7. The geography of Gugging and its community's extremely trusting nature of open-contact with strangers could conceivably result in abuse or physical harm towards Residents and staff. Security is low-visibility, and there are only two G4S security guards. Although, there are security cameras throughout the ABC, the Residents are trusted to be unsupervised in the spaces between the ABC, the HoA, and all the way down the hill to the BILLA supermarket. This circumstance of precautionary-risk, which offers opportunities for Residents' semi-independence, nonetheless *is* a risk.

8. Gugging only has a handful of loyal high-profile sponsors, and experiences difficulty attracting new financial-partnerships. Visitor numbers are relatively low, with only 15000 visitors coming to MG annually.

9. In contributing my own feelings, I ask two questions: *Why has Gugging not emphasised its medical efficacy to become a franchised healthcare business concept?* This has been an opportunity-missed over decades, both for improving mental health in other institutions and the extended cultural contribution that might have been. *Why has Gugging decided to wait for natural transition towards gender-equality, instead of extending the HoA accommodation to provide a female-wing, with both long-term and short-term residential options?*

6.4 Implications: why do the results matter?

The findings evidence that Gugging's system fosters a uniquely characteristic approach that destigmatizes mental illness, and stimulates social-integration through creativity as a fundamental lifestyle, forgoing the label/role of patient over artist. Since 1986, Gugging's evolving support-structures, health-behaviours, and subjectivities of perception have facilitated a transformative act amongst its participants, creating historical and contemporary footprints of their achievements. These achievements have resulted from: cultural-acceptance; performance in the art market; exhibitions across the world; Residents' access to society *and* vice-versa; and most importantly,

Resident's longevity of wellbeing, with purpose and societal-contribution, within the Gugging family and its family business.

Gugging is not resource intensive rather it is culturally ecological in its residential healthcare the HoA, and its art-business GG. These empower self-actualisation, personal growth, aesthetic needs and creativity, increased self-esteem, familial-love and belonging, safety, and physiological needs. Residents live long, active lives in Gugging's unified model that incorporates its infrastructures with two innovative processes of enhancement, that are integrated within the process of society itself. Statistics in the UK highlight ever-increasing incidence and lifelong costs of mental illness to society. Art is valuable to our society with mass participation through leisure, education, galleries, cultural festivals and therapies. Art could form a significantly more efficacious role in treatment, residential care, and mentorship of people with chronic mental illness. Medical solutions primarily depend on drugs, which prove addictive with unwanted side effects. The psychiatrist, mental health nurses, and patients with mental illness, who have spoken to me over the years, all give me the impression that they are looking for something different to appear on the horizon; something that might place the doctor and patient in a more mutual relationship. Cohen (2015, p.26) calls for genuine dialogue with patients through, 'joint problem-solving' in a liminal space between roles that need to be jointly-occupied, to help remove stigma and separate assigned roles. Cohen (Ibid, p. 31) advocates new partnerships of, 'greater humanism, with relevant and legitimate experiences'. Gugging's artistic and psychological processes have implications for community, health, art and their potentially productive inter-relationship within our own society.

Six years of my life, interacting outside the bubble of my home, and functioning in society despite my conditions, unified my family on a recovery-journey within meaningful, purposeful engagement between Austria and Scotland; honouring my Austrian heritage.

Just like Gugging's Residents, I am a better version of myself, expanding my potentialities, professionally and socially. My research is rewarding but challenging. Aversion to social interaction and recurring patterns of debilitating thoughts, affect my daily decision-making. My recovery is a lifelong process within my *ersatz*

reworking of Gugging's processes in my Falling UP project. Collaborators and myself foreknow these complications of my conditions, and redirect tensions and stresses beneficially in my life as a researcher, both in a psychiatric setting abroad and within Falling UP in Scotland. Hence, Gugging has engendered, directly and indirectly in me responsibilities, a desire to strive, and the need to be productive. My unique position in health through Falling UP as a research methodology enabled an insider-relevance to deploy art practice in collaborative, investigative research, which deconstructs common beliefs and ambiguities surrounding the art and practice of the mentally ill *and* their potentialities. This position enabled me to examine their value and the efficacy of Gugging *and* additionally, Falling UP as a solution of plurality of narrative *and* narrator. The implication of Falling UP's *generalist* research-stance that acknowledged multiple perspectives celebrating diversity was to provide greater integrative, complemented research-process.

6.5 Review of methodology

My pre-PhD experience of Gugging revealed multidisciplinary staff within an artistic and psychological process that interlaced with society. To investigate these required a methodological interface with Gugging and its operational-relationship with Austrian society to evaluate Gugging-data through expert consultations and public expositions within action research in Scotland. Falling UP was designed as methodology *and* art practice to develop contributions by expert-specialists through unique duoethnographic-collaborations, stimulated by my ethnographic research in Gugging. Falling UP's professional-input and public journey delivered objectivity of thought, approach, and fostered depth of reflective process, contributing a unique and significant aspect of this research. Its diversity of contributors from medical practice, therapeutic practice, academia, trained & self-taught artists, generated methodological reliability through experiential-qualifications. That 50% of contributors were mentally ill, assigned balance in agency. Developing and synthesising interpretations and experiences of how art-process in Gugging helped restore and forge identities of recovery, offered new metrics for objective understanding, fresh ideas for focus, redesigns of research tools, and alternative participant-activities.

My conditions hamper usage of Skype or telephone, and consequently, this had induced practices of face-to-face and hands-on connection, which favoured investigating Gugging by becoming part of their social environment and lifestyles. I deployed simultaneous use of equipment to cross-reference and triangulate the recording of data, which broadened and deepened later analyses of interview, observation, participation, and art collaboration across Gugging. Unusual events, developments, or the unexpected arrival of key-visitors, necessitated a very flexible schedule, portable equipment, and tested-methods. Between research visits, university research workshops and Falling UP consultations bridged many gaps in proficiency and procedure.

100% of staff and Day Artists, and 50% of the Residents spoke fluent English. As required, communication in German language was managed by RA1, who is half-Austrian. To *interview* Residents, who rarely spoke, I re-created methods as hybrids by adding art-process. The strategy of being prepared to re-plan *in the moment*, led to interesting methodologically adapted-practices. Engaging with the public, communicating with media-representatives, discussing Gugging on public platforms, or advocating to MSPs in the Scottish Parliament, all presented opportunities to validate Gugging as a potential concept for change; and to learn from grassroots' level what contemporary needs in our society were. Visualisation of data and processes functioned well during such communication and discursive engagement.

6.6 Limitations: what can't the results tell us?

Director Feilacher's policy that the Residents' health-details are private, signifies that this study has not had access to medical information. Due to his decision to refrain from discussing individual Resident's mental illness in detail, it was beyond the scope of this study to uncover more direct ties between art-process and individual examples of mental health conditions, beyond participant observational data; and the few Residents, who chose to talk about their condition. This study is generalist and crosses disciplines of knowledge. Residents' responses to questions embedded in visual prompt sheet-surveys and Likert scales, were delimited by individual conditions and degrees of learning difficulty.

Although I consider it a *facilitation*, my declared-bias *is* a limitation, and my research cannot present the objectivity of a researcher without chronic conditions.

A hybrid-methodology of ethnography, autoethnography, duoethnography, action research, and art-process, cannot present a singular methodological-product. My choice for such a hybrid was to advocate for diversity and agency

Five Falling UP collaborators visited Gugging, and contributed perspectives, however, the varying brevity of said visits limited their experiencing the impact of Gugging's processes over time. The majority of all other Falling UP collaborators intend to visit Gugging.

6.7 Emerging theory

Thoughts of a theory emerged, as I compulsively compared my life-in-recovery to the Residents' lifestyles, which intertwined with my own in Gugging. They lived *beyond* treatment *in* the real world. I recognised in this, *nothing* similar to my recovery through treatment. In Gugging there were no unnecessary boundaries to living *meaningful* lives.

Gugging reflects but surpasses the results yielded in Gordon-Nesbitt's (2015) scoping survey into the longitudinal relationship between engagement in the arts and health; which reports the *intrinsic value* of art and its facilitation of an immersive-experience for participants to cope with their conditions. Gugging's processes of *living in art* and *und die Welt* sit appositely with Gordon-Nesbitt's findings that participants discover their place in society through art engagement. Parr's (2005) findings similarly evoked the benefit of art-making as giving participants social and emotional capital. Added to such benefits in Gugging, I discovered alternate processes and procedures of caregiving, inside ambitious social and artistic modes of living, in an incomparable duologue with society.

6.7.1 Why should a Gugging theory be important?

Discussing my intention to conduct research, Feilacher told me there was no previous study into Gugging's artistic and psychological process. I asked what his expectations might be, to which he replied, 'I would not like the result to be a thesis sitting on a shelf gathering dust' (Interview - Feilacher, J. - 21/06/16). This reflected my own ambition. Having previously experienced Gugging to be unlike anything I'd read about, or discovered elsewhere, I believed its process could make an important contribution to healthcare and social-care for mentally ill people in Scotland.

I sensed the timing was right. I recognised that art was of central importance to Scotland, more relevant and popular than at any other point in my lifetime, through entertainment, education, culture, and *participation*. Art had become a primary means through which Scotland proudly and confidently projected its identity to the world, and *unto* itself. Thus, I questioned why should there be any disconnection *from* art, if a person's life falls under mental illness? Why were people with chronic mental illnesses being *doctored* in isolating processes and deemed incapable of benefiting from *real* art? I felt that *patients* were being denied art to the detriment of both their wellbeing and their potential contribution to culture. Being the person *inside the question*, made it no less valid. This situation was completely the obverse to Gugging's progressive, constantly changing mutual recovery-paths of discovery, for its participants and Feilacher's philosophy for community-enhancement of healing, across self and society through culture and art. Gugging's process of *und die Welt* provided the crucial aspect of Residents connecting beneficially through their art with the wider world; and their reception as *artists* in the professional world became both part of the reward, and the treatment that combats their isolating illnesses. This *de-emphasis* on private histories of mental illness was *the* defining factor in how Residents *can* make art instead of participating in art as therapy.

I shared these ideas with the public through: five Falling UP expositions with a combined footfall of 41,579; articles with photographs in local and national newspapers (Dunfermline Press – 10/11/16, 24/11/16, 19/04/18, 21/06/18, and 03/01/19; The Herald Scotland – 10/11/16, 21/02/17; 17/08/17, and 12/04/18; The Courier & Advertiser – 14/11/16, 04/08/17, 10/08/17 and 14/04/18;); one professional

journal (The British Journal of Psychiatry – Volume 213, number 3, September 2018, Volume 213, number 4, October 2018, Volume 213, number 5, November 2018, and Volume 214, number 4, April 2019); and news interviews on STV (Scottish Television) (on 17/08/17) and STV2 (on 12/04/18); and in a lobbying exhibition inside the Scottish Parliament.

Collected feedback from the public and professionals from all means of exposure, informed me that there is significant interest in testing Gugging's processes in Scotland.

6.7.2 What might such a theory contribute?

According to personal experience and subsequent research, prescription of support-treatments using therapeutic art for chronic mental illness is piecemeal, due to low funding. Consequently, having too few art therapists in the NHS means that mainstream therapeutic art-process is rare. Almost as great a deficiency, are the strictures of isolating-experience during the therapy itself, and the discontinuity of their time-limited delivery. Both characterised my treatment, and those patients I interviewed, and those I collaborated with in Falling UP. I previously stated that *art and mental illness rarely cross boundaries in ways where patients and doctors experience participation of shared making*; unfortunately, this is still the case according to many discussions with the public during expositions. In major campaigns to destigmatize mental illness, words of support by celebrities, including the Royal Family have been broadcast expressing compassion and solidarity. Television documentaries and dramas explore the narratives of mental illness, but these formats are ephemeral and can only momentarily assuage the difficulties of living with mental illness. They normalise mental illness as part of society, but they cannot address the problems of fear, and a life in isolation. Permanent institutional, social, and infrastructural change is needed. Temporal-initiatives can only salve, like *clapping for the NHS* during the first few months of the COVID-19 crisis, making the healthy feel they are being supportive. In reality, they only offer a palliative towards lives with mental illnesses that can never go away. And this is how it will remain, *unless* an innovative and *bold* new treatment-strategy is adopted. I believe that mental health is too important to leave to the medical profession. It is time for health-services and

culture to come together to improve patients' lives, as part of a wider societal-process of social integration, just like Gugging.

6.8 A theory of Gugging

Gugging is a small scale, socially-integrative facility for art, mental illness and recovery. It operates ecologically through its four infrastructures (HoA; GG; Atelier; and MG) and within its two artistic and psychological processes (*living in art & und die Welt*) to support its Residents' *family-life* and *family-business*, within a cultural *cottage industry*. Gugging provides long-term meaningful, interconnected employment in culture for its artist-Residents, their care-staff, and cultural support-staff, who collectively form a wider, blended Gugging-family. Gugging's proven record of efficacy and achievement has evolved over four decades. Its two processes and four infrastructures are replicable, and constitute a theory of operation, which benefits mental wellbeing, culture and society, through the creative activities of its core client-group, the Residents. Gugging's *family-business* based in the *family-home*, the HoA, comprises an art gallery (GG) to professionally represent both the Residents and invited artists, across the world; an open-studio workplace (Atelier), where Residents and the public can create art independently; a *family-museum* (MG), which is both a *heritage*-curation for three generations of Residents, and part of a global network of Art Brut galleries and museums (see DV 16, p.217). The design of Gugging's process has a multitude of complementary, complex sub-designs that align and coalesce to form its unified vision. Gugging delivers a new partnership between art-process and culture, which become the resources through which patients can re-create themselves as artists. The Residents experience enriched and well-lived lives as people who *are* artists, firmly positioned within the external art world. Residents are both situated and develop in kinship with each other, and the visitors who share their public creative space. Because of this space, the Residents are culturally integrated and socially predisposed to receive a myriad of personalities, and to establish new conversations about art and life.

6.9 Support from Falling UP to understand the implications in replication of Gugging

By the time Falling UP started in 2016, I had been visiting Gugging for just over two years, already discovering much to discuss, debate, and put to the test with Falling UP's multidisciplinary team of experts. Although Gugging was a successful and highly developed institution, there was nothing published setting out its history, structure, function, or mission statement. Gugging operated efficiently as a successful business, but didn't represent itself publicly in a corporate manner. Feilacher was literally a man of few words from the start, and after over six years of getting to know him in every conceivable circumstance, he remains that same person, today albeit better known to me. His laconic, reticent nature is a shared characteristic with nearly all of the twenty medical staff, who dispensed my own treatments, some of whom have become my Falling UP collaborators. Feilacher also shared with them careful imaginative thinking, decisiveness, the capacity to maintain long-term professional relationships with patients, and an ability to occupy liminal space with others. It is these traits *within* Falling UP that really opened my eyes to the implicit and explicit processes in Gugging. Not that my collaborators knew precisely what Gugging was, but they could recognise aspects of its components, then contribute to my greater understanding of Gugging's psychological operations. Falling UP teased out Gugging's creative and social processes, allowing me alternative perspectives. During field trips, I would make time to visit galleries and museums in Vienna. Having previously read Frankl's *Man's Search for Meaning* and *The Will to Meaning*, I visited the Viktor Frankl Museum. The entire museum was a single small room. I was confronted with dozens of small boxes and myriads of pictures, together pressed onto its four windowless walls. I studied everything in each box, and pored over the contexts inside the pictures. After three hours, I felt as though I were inside Frankl's mind. He was a holocaust survivor of Theresienstadt, Auschwitz, Kaufering, and Türkheim. His wife, brother, mother and father all died in those camps. I was utterly moved by Frankl's (2004, p.86) conviction that:

Everything can be taken from a man but one thing: the last of the human freedoms, to choose one's attitude in any given set of circumstances, to choose one's own way.

Frankl believed that, ‘suffering ceases to be suffering at the moment it finds meaning’ and that meaning was something we, ‘discover rather than invent’ (as cited by Benson et al, 2015, p.140). His core philosophy was that meaning must be found through living, particularly through love, and creating things; and most importantly, how we chose to see things. Frankl’s ideas profoundly affected me, contributing to my re-conceptualisation of the social experience of mental illness, and importantly, how I might re-conceive Gugging’s processes, in the form of replicable and transferable experiences. I saw how Gugging’s Residents lived very much in the moment, every day. I imagined that there was a catalyst of kindness in Gugging that set Residents on their recovery lifestyles. I believed Residents needed repeat-experiences of small-scale empathetic support through mutual engagement with staff and visitors, where dependencies could be re-defined through kindness, to give personal freedom through acceptance to be who they were as people, but *within* familial love. I wondered whether acts of kindness through creativity and social mentoring, might provide the basis for trialling aspects of Gugging’s processes in Scotland. My decision to construct a third sector initiative enabled me to test how to: conceive an idea; model it; pitch it to local politicians, NHS managers, then MSPs from all the major parties; find a rural organisation to partner in a funding application, and to site my third sector activity; to then recruit clients from NHS mental health units and grassroots self-help projects; liaise with mental health staff; prepare risk assessments; buy equipment; train Falling UP assistants; book the venue; and then to deliver the therapeutic-activities. After six months and three separate client-groups, I organised survey-tasks, and documented pictorial evidence of all activities for submission to professional evaluation by RCO research consultancy. These experiences permitted my access to a wide range of personality and mental health condition; testing new means of collaboration within liminal space, and providing comparator-data on client-creativity and social/collaborative responses for direct comparison with Gugging Residents.

My third sector activities were interspersed between field trips, forming part of my art practice as Falling UP Silverburn, and located in woodland and on the beach at Silverburn Park in Fife. The joint experience gained in managing and delivering a therapeutic activity, mostly outdoors in all weathers with mentally ill patients and out-patients, brought the kernel of responsibility to the healthcare of *my clients* into necessary focus through joint-creativity. The experiences for clients ran a minimum

of three days and a maximum of nine days. The practical experience of parsing the concept of Falling UP to politicians, funding executives and NHS managers, taught me to segment a coherent conceptual entity into its constituent parts. Not only was Falling UP deconstructed to explain where its benefits derived, it required reconstruction into a real-world practical activity, engaging many new participants, all different to Falling UP's original complement of collaborators and exposition-audiences. The focus was on Falling UP's efficacy to the lives of mentally ill patients, their families, carers, and doctors. Its metric of success was *what* worked, or didn't, and *how* that was measured.

Returning to Gugging after these experiences focused my mind on its holism. Gugging is many things, but the envelope that enables these things to take place comprises four separate but connected infrastructures, within two separate but interconnected processes, all interlaced to varying degrees with society. Together, Gugging's components spiral and whirl across time in an embrace, a dance...a Gugging *dance in time*.

When Gerhard Roth revealed *his* Gugging to me, saying, 'we all know paradise doesn't exist, yet we would be worse off if we didn't believe in it' (Interview - Roth, G. - 12/06/16), I wondered whether it was a fabulous line from one of his poems; yet Roth's reaction has long reverberated in me. That and others, such as Feilacher's reflection on what Gugging was and might resemble, were it a *thing*: 'It's an installation. Yes, a living installation. A living installation always changes' (Interview - Feilacher, J. - 11/06/16). Both provided me aesthetic conceptualisations that helped me search for something beyond the material, something deeper inside the constructions and processes. I found the *shape* of Gugging: its *procession* through time; its *porous* nature in terms of societal access; its series of *liminal* interactions; the way its parts *connected* but were never fixed or static; the fact that everything is about *art* and that *visibility* is everything; its *long-term-ism*; the *familialism* and *familism*; the *experiential learning* of Residents, staff and visitors; and its *optimism*. Rather than docility and implied dependency of being Art Brut, in Gugging I have always seen the social spirit of progress.

I theorise Gugging visually in the shape of a triple helix, symbolising the interlacing and interactional flow of participants through its communal spaces to access society (see DV 19, p.220). The two helices of *living in art* and *und die Welt* intertwine, linked by Gugging's four infrastructures; the HoA & GG that spring from *living in art* to *und die Welt*; and the Atelier & MG that spring from *und die Welt* to *living in art*. The third helix is *society* meandering through the double helix, as it too spirals to access all six Gugging elements, as fitting. The collected activity of all seven components forms a triple helix. The helix operates in a unique approach that destigmatizes mental illness, and stimulates social-integration through creativity to support wellbeing. This forms a fundamental and communal lifestyle for all participants through an artistic and psychological spirit and ethos. The triple helix *always* turns. Falling UP's process also resonates with the formation of a helix, through the flow amongst Falling UP expositions, Falling UP advocacy, Falling UP Gugging, Falling UP Silverburn, and society (see DV 4, p.205).

Falling UP 5.0 in the Scottish Parliament has demonstrated political interest in a Gugging theory. Falling UP Silverburn is a funded, short-term pilot, testing elements of Gugging's processes. Falling UP's complement of collaborators: including the Chair of Community Healthcare for the British Medical Association; the political leaders of the Scottish Liberal Democrats and the Scottish Labour Party; leading cultural figures such as Richard Demarco; many medical professionals; artists, designers and academics; and the Falling UP internal demographic of collaborators with mental illness; *together* endorse the testing of a Gugging theory in an official pilot-form. Many persons in Falling UP could qualify as a *Feilacher*, *Katschnig* and *Helfert* for such a pilot-project. Some have already identified locations and possible client-groups. The concepts of Gugging are deemed by key stakeholders to be of value to the wellbeing, cultural and social needs of our own society.

6.10 Contribution to new knowledge

The contribution to new knowledge of this thesis is threefold:

1. Falling UP is both research methodology and art practice. It provides a unique interdisciplinary tool for research into Gugging, deploying ethnography, action research, and art-based practices.
2. There has been no previous study conducted into Gugging from the multiple perspectives of a researcher who is an artist, and a person with chronic mental illness.
3. There has been no previous study into the artistic and psychological process of Gugging. This study also constructs deep insights into the historical socio-political and cultural evolution of Gugging. The researcher theorises this in the form of a triple-helix, positioning *living in art* and *und die Welt* to intertwine with society, inter-connected by Gugging's infrastructures.

Interpretations were generated through Falling UP as my balance to bias and objective therapeutic community, allowing cross-fertilisation of ideas from Gugging's therapeutic community. Dissemination of key research findings occurred at the political, cultural, and societal level, accessing different audience demographics.

My multi-layered stance countered the frustration indicated by Kelly et al (2015) on the lack of inclusion of highly relevant practitioners from art therapy and occupational therapy, in research that examines the efficacy of art therapy towards the treatment of mental illness. I felt empowered through subjectivity given by my *living*-experience of mental illness and ongoing recovery. In self-actualisation I was an *agent in the field*, whose lifestyle was directly affected, personally and professionally by the research themes. The findings demonstrate a comprehensive insight into Gugging's processes, including descriptions of condition-related struggles that were a daily reality. Accounts of suffering and relief situate this research as contextually grounded, in a relatability to research participants' mindsets as joint-stakeholders. I was equipped emotionally to convey an appropriate empathetic frame of reference towards Residents as colleagues, experiencing chronic mental illness. My objectivity was not compromised because facts of Gugging presented themselves to me in ways where I

had no influence over them. My subjectivity instigated the design and deployment of Falling UP as art practice and methodological research tool; and as a therapeutic research community that benefitted my mental health through communication with an abundance of collaborators, including Gugging's participants. This placed my own recovery in parallel with the research, engendering fundamental properties of Gugging's ethos, and reproducing its holistic care and mutuality; to be experienced, lived through and experimented with first hand, alongside clients in Scotland. My role as a researcher, whose mental illness acted as agency, aligns with a key recommendation from the Westminster All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report (2017), where; the inclusion of perspectives of service users should be implemented in the formation, promotion, and organisational process of a national strategy, to support the future advancement of research that will determine the delivery of mental health policy. Falling UP allowed me to shepherd raising awareness of Gugging in its expositions to the public, and to demographics of politicians and medical professionals.

6.11 Recommendations

The isolation of mental illness can only be remedied by a re-entry into the world with meaningful and purposeful, societally-integrated roles, which re-create patients' identities away from patienthood. Importantly, these roles must be valued by the healthy and the ill. Over the past six years, many medical professionals and patients have informed me that *there is a mood for change* towards alternative procedures, *more* person-centric processes mutual to both doctor and patient, *and* embodied as sustainable solutions involving humanising creative-process. I believe Gugging embodies these essential qualities, *and* delivers more. However, I can understand Reese's (2016) opinion on Gugging's transferability:

It's absolutely not possible to make a school out of the practice of Gugging. You must see the historical circumstances, very particular circumstances, where do the people live? Where is the gallery and museum? It's all so close and how is it possible to make a school out of it? You would need to have all of these circumstances. It's based on a big chain reaction of coincidences. Lucky coincidences (Interview - Reese, F. - 11/10/16).

Rather than attempting the contextualisation and simulation of the circumstantial aspects of Gugging, which Reese considers impossible, I advocate a Scottish model that encompasses *contemporary* Gugging's four infrastructures, two processes, ethos and spirit of societal-integration. To assimilate Gugging's historical genesis is impossible, and undesirable. The medical atrocities committed on-site during WW2, was the appalling foundation for Gugging to transform and evolve, towards becoming a powerful force for good. In Scotland, our psychiatric-centres have never known such horrific circumstances to cause comparably redemptive, and radical-practices. Fortunately, Gugging's philosophy could be transferred without recourse to its provenance.

To adapt Gugging's system and create a model based on the House of Artists, *living in art* and *und die Welt*, would currently be beyond both the efficacy and the remit of Scotland's system of art therapy, third sector art-as-therapeutic-activity, and artists-in-hospital placements. Yet, such a Gugging model could complement the Scottish system, and potentially become an *art* and *health* societal community-solution to long-term chronic mental illness. The key element for transferability is Gugging's double-family structure of *home* and *work* that underpins its Residents' *outside* lifestyles. Strategic change would be required in Scotland's mental health and cultural policies to implement *living in art* and *und die Welt*. This would entail a realignment of the currently discrete fiefdoms of culture, the art market, art centres, education, community, and the practices of mental health recovery. These could be collectively transformed into inter-connected longitudinal practices with mutual objectives, and a destigmatizing investment in people with chronic mental illness (see DV 3, p.204). This would chime with van der Vaart's (2017, pp.108-109) findings that community arts-based activities sustained within a longitudinal process succeed in generating community enhancement and community spirit.

I recommend that an investigative-team representing: artists; curators; gallerists; musicians; actors; writers; psychologists; psychotherapists; psychiatrists; doctors; social workers; educators; third sector groups; entrepreneurs; charities; politicians; and mental health rights groups – should organise to experience Gugging, access its concepts and infrastructures, and examine its efficacy, longevity, achievement, and holism. I propose that any prospective-team should gauge Gugging's processes and

infrastructures in relation to the re-configuring of our existing facilities, professional-roles and care-practices, towards a replicable model for Gugging-*like* communities in Scotland. Substantial team diversity is essential to accurately perceive and assess the diverseness of Gugging's component elements. Without multiple-perspectives, united curiosity, and collective aspiration for improved health through culture, it would be unlikely that a lesser-qualified group could boldly seize the opportunity to learn from Gugging's proven holistic-system. In which case, mental health will continue to exist as a political football, stigmatized within society's best efforts to destigmatize by normalising *oddity*, instead of properly integrating people, who are currently *beyond* being marginalised.

I reiterate Gordon-Nesbitt's (2015, p.57) indictment that significant change for arts in healthcare is too heavily reliant upon budgets and a systemic tendency to prescribe, or *proscribe*, art to those in need. Gordon-Nesbitt's point on divergent attitudes and methods of approach between the UK health sector and local authorities, indicates the lack of productive, collaborative strategic communication between services; resulting in over-dependence on interventional clinical outcomes, and a marginalisation of recovery-based arts engagement removed from clinical environments (Ibid, p.58). Scotland's public health sector services of art therapy, third sector therapeutic art projects, and prescription of recreational-art, only preserve a status quo of fragmentation, implicitly evidenced through its conventional relationships amongst art, mental illness and recovery. To advance improvement, there needs to be greater aspiration towards societal value for patients *over* lifetimes, *in* lifestyles within a socio-cultural context of *contributing* to culture. This is *the* opportune moment to innovate and combat the increasing scale of stigma currently endured in the UK, where despite increases in public awareness, Brown and Trigg (2018, paras.58-59) report that nine-in-ten people with mental health conditions *still* suffer from stigma. This harsh reality for vulnerable people compounds their already-existing deficit of mental illness, and makes it vital that we effectuate Marlow and Johnstone's (2017, p.84) belief that, 'we seem to be on the cusp of a shift' in regard to the interdisciplinary potential for art and science to collaboratively grasp the societal-problem of mental health. The authors remind us of the significant value and role that art plays in connecting mental illness, as an essential aspect of human experience (Ibid). In my assessment, Gugging's proven-model exemplifies the authors' recognition that

academics and medical professionals are seeking collaborative ways to reach out to society, and to their own realm of clinical practitioners and policy makers (Ibid, p.85).

To capitalise on this interdisciplinary-climate and mood for collaboration, it is imperative that minds across disciplines in Scotland be not only *open* to Gugging's innovative model of multidisciplinary community, but can *learn* from its ambition, longevity and achievement *inside* society. Meltzer, in Miller (2018, p.12), defines the etymology of community using the Latin word, 'communitas, meaning *fellowship*...the bonds and the ties between the members of a given communal group'. Gugging's community is an atypical kinship between *doctor* and *patient*, in a fellowship of mind *and* body. The relationship between art and treatment within Gugging's *communitas* is situated in a non-conventional balance of mutuality among care-givers and those receiving care, to the benefit of culture. The agency afforded to Residents *resides* in a different-reality to patients using art in Scotland, where there exists little, or no agency. As a human-right, and the rights of diversity, and also to the empowerment of society, this must change. In our system, the focus is on recovery using metrics defined by the care-provider, always short-term, assessing improvement across time-limited sessions, based on budgets, as opposed to developing patients' lives as part of their community. Cohen (2017, p.172) describes the medical model where treatment implies a cure, and therefore there is an ultimate end to treatment. However, the reality for many individuals in the mental health system is that there is no absolute cure, *or* role to play in society.

Recipients of art therapy engage in a self-perspective that can be isolating and removed from societal-practices. Unlike Gugging, they are treated as patients and *not* as artists undergoing long-term developmental creative process towards exhibition, financial and experiential rewards, and improved levels of operational independence over a lifetime. This *can* and *should* change. In art therapy, artworks operate as patient-notes in conjunction with psychiatric treatment, observed by a team of practitioners; the artworks illuminating and bringing forth symbolic patterns of *clients'* inner conflicts not readily articulated through verbalisation. Resulting artworks are diagnostically judged, and treatment regimes can be imposed even to the ignorance of educated patients, never mind those with learning difficulties. Art is a suborned vehicle fulfilling a role where medicine alone cannot prevail. Resultant artworks are

rarely seen outwith clinical settings, and conform to Alter-Muri and Klein's (2007), as cited by Cohen (2017, p.170), that art therapy negates the beneficial properties of the creative act.

The authors (Ibid) describe how the (art) product is hidden away only to exist in the space of the art therapist and client, completely withdrawn from everyday-life; thus removing the potential inherent creative value, which art-making engenders through *celebrating* with an audience. I recommend a review of art therapy that considers its potential to co-exist alongside a *Gugging model*, and to newly-relate to the communal benefits of societal-connectivity and lifestyle-restoration of chronic mental illness.

Within the clinical culture where art therapy functions, there is a barrier between process and product. The current realm of healthcare precludes the removal of the status of *patient* for clients using its service to improve their mental wellbeing. Alter-Muri and Klein's (2007) perception is substantiated by my art therapist interviewees, who describe the discretionary nature and discriminatory application of art therapy within healthcare. As we all know, the patient's relationship to their own treatment is a hierarchical one in which the trained professional's philosophy defines proceedings. However, this could change towards greater mutuality. Why can we not have the therapist work simultaneously on their own art, towards a joint-exhibition with their patient, where the overall process *speaks* about recovery?

Conversations with both practicing and retired art therapists, elicited their perceptions that NHS Scotland's art therapy provision is disparate, with full-time practitioners few and far between, in unconnected locations across the country. Kerr (2019) opines that:

...to an extent in Scotland, art as a medium for self-expression and personal reflection is relegated to a lesser position than those evidence-based time-limited talking therapies, such as Cognitive Behavioural Therapy, counselling or psychotherapy. Although there are small pockets of art therapy provision available to adults with mental health problems, this tends to be either third sector providers specialising in childhood trauma, or time-limited group art therapy within the NHS, which is seen as a more cost effective, activity-based intervention for inpatients (Interview - Kerr, A. - 19/06/19).

Reconfiguring services to exist as part of a cultural agency for participants, would profitably position recovery away from being the sole responsibility of NHS Scotland. Practitioners speak of low morale and pessimism towards the devaluation of their profession through the lack of belief in the efficacy of art therapy by government and the NHS itself. This has an impact on the application of budgets to support the allocation of a more robust interconnected service. Why have a service if it is not valuable and evenly distributed? To re-purpose art therapy towards culture and therapeutic integrative practices within a Gugging model, would assign it a significant role within recovery-lifestyles, through therapists' open-studio support.

I interviewed many artists, patients and medical professionals, and others who used art in a therapeutic context within the third sector, discussing the theme of art-process and mental health; *and* the recurring-constant was the question of art's role and its usefulness. This emergent-theme ties with Sass (2001, p.55), on postmodernist attitudes, scientific perceptions and *romanticised* concepts of creativity:

Creativity is not, after all, the most unproblematic or transparent of theoretical constructs. Despite the surprising confidence of some psychologists and psychiatrists who write on the topic, it seems unlikely that the term creative refers to a single, underlying essence or that its application can be separated from culturally determined and socially generated forms of interpretation and evaluation.

But to become efficacious to both health and society, art must be paired with mental illness in a much less disproportionate relationship, *and* must place so-called patients at the centre of an ecology of mental-diversity and creative development; as opposed to being passively enacted upon *medically* through art-process.

Sagan (2015, p.45) notes that the unquestionable benefits of art therapy also conflict with natural tendencies for expression through creativity, to become merely another layer in the pathologising and psychologising of a patient's creative instinct. Tying art-making as insight into mental illness constrains, as it confers a fixed-mode of identity, to foster the idea that the product itself as a work of art is unimportant. Focusing on what a picture means to patient and therapist, as a joint discovery in treatment, voids the playfulness of art and the status of artist is not attributed. Instead,

it retains the status of *patient making art* or *patient using art as activity* in time-limited therapy sessions.

I recommend the re-creating of art centres as sites of integration. Re-negotiating identity from patienthood in a destigmatizing, socially oriented lifestyle in culture, would privilege the under-privileged to enable and empower, and allow community to play its part to heal and connect. The question of open-art studio and public access is important. Sagan surmises:

Making art was always spoken of as therapeutic...one's practice, it seems, had to be wrestled away from the art therapy domain and nurtured in a new setting. That setting needed to offer equality of relations, to be felt to empower, and to position art as aesthetic, not therapeutic tool (Ibid, p.47).

Art therapy's *clients* are not only those who electively accept it as a therapeutic tool. Cohen (2017, p.172) speaks of many clients within community programmes in North America, who have no choice in taking part in art therapy that is deemed a necessary requirement towards the partnership of receiving medical care, employment opportunities, food provision, and benefits-support. This chimes with art therapist and Falling UP collaborator, Donaldson's (2018) experience using CAMHS (Child and Adolescent Mental Health Services), where she states that many of her clients are school children with behavioural issues, who do not choose to work with her, and whose support-team prescribes sessions to them.

Cohen's example and Donaldson's experience, evidence clients within programmes, who have been clinically coerced into art therapy, perhaps with no inner compulsion to create art outwith that particular setting.

Why should art not be encouraged as a developing art practice? Sagan discusses (2015, p.72) nurturing art, as opposed to its use as a therapeutic device:

However, creative mark-making for those clients in need of deciphering psychological meanings to symbols and forms during an art therapy session, can bring a true resonance to their inner wellness, as a way of expressing what words are unable to.

Bucci (2001, p.51) states that when illuminating the core of psychological treatment, in attaching meaning to past and present experiences through symbolisation:

One cannot directly verbalize the sub-symbolic components of the affective core; their nature, like the art of the sculptor or dancer, is such that cannot be expressed directly in words. To describe a feeling in verbal form, one describes an image or tells a story.

Richman (2014) talks of the resilience by those overcoming trauma, and the recognition of inner triumph in one's life, or the reflection on the problems caused by it. Using art as a tool of recording traumatic events and unmasking *inner demons* for one's wellbeing, is cited as a constructive method by many professionals in the field, who promote art's role in therapy. However, art practice could instead be tasked away from individual *medical adventures*, towards an emplacement of lives inside culture, to become part-of-something and to function as such through art.

Art therapists speak of empowering patients through art therapy or the therapeutic experience of making art, tailoring individualised recovery pathways. But how much emphasis is placed on the patient's agenda in relationship to the therapist's? According to art therapist McCartney (2017), art created during a session is the property of a therapeutic outcome and archived by the therapist akin to a clinician's notes, and not owned by clients (Interview - McCartney, L. - 18/09/17). However, other art therapists tell me that at the end of clients' allocated therapy-sessions creative products can be taken home. The expectation of the therapist is to provide apposite engagement of art as therapy during sessions, where clients' decision-making can be influenced, or gently prompted based on client mood, focus, and stage of recovery. Client expectations may be influenced by the art therapist during the image-making activity. This could be self-regulated by clients in a process, which Bialek (2016) a lead art therapist describes, where clients shared the form-filling process with the therapist and family/carers, thereby co-operating in an action plan for treatment (Interview - Bialek, A. - 26/07/16). The patient has no identity as a person, and no agency or authentic connectivity at that point. In a Gugging model, the artist would have multiple points of contact in society to be part of something, be admired *and* respected for what they can do *in* creativity.

I recommend that work be done to report the shortfall in patient-experience within current artistic-therapies in relation to the Gugging model, and to identify where the access points, which facilitate Gugging's process are located in relation to patients' treatment programmes in our society. A different perspective on the recovery and value of patients with chronic mental illness to society should become a priority.

Helman (2007, p.121) outlines patient-doctor treatment expectations as:

Doctors and patients, even if they come from the same social and cultural background view ill health in very different ways. Their perspectives are based on very different premises, employ a different system of proof, and assess the efficacy of treatment in a different way. Each has its strengths, as well as its weaknesses. The problem is how to ensure some *communication* between them in the clinical encounter...

Concerning perceptions of illness and disease, Helman (Ibid, p.126) cites Cassel (1976), who observes substantial differences of subjectivity between the patient's perceptions of having an illness to that of the Doctor who diagnosed the patient with a classified *disease*. The meaning that patients subsequently attribute to having a disease ultimately affects their relationships to environment and society, commonly leading to stigma and shame.

I recommend a pilot-study of professionals who are *doubly*-qualified in art and psychiatry, to ascertain points of difference in judgment and understanding from their *singly* qualified colleagues.

In Gugging, its Residents are liberated from patienthood, and able to define their life-focus in relation to their environment and society. They can *de*-emphasise illness through their personal creativity, belonging to their *family* and being loved, and having a vested interest in their future through being part of a small family-business. Residents have learnt from life and are not only defined as the focus of medical-care.

What would be the means to co-ordinate these benefits for a chronically mentally ill patient in our system? Would such benefits be acceptable as objectives to the aims of the NHS?

Thomson (1989) as cited by Sagan (2016, p.123) understands the self (the body and mind):

As the body, the organism, is continually modified by its interaction with the environment, by an ongoing process of exchange between inner and outer, so is the self. When we speak of the self we are referring to a process and not an entity. ‘Selfing’ would more aptly describe it.

McCartney (2017) talks about the lack of belief in some sectors of the NHS towards art therapy, and observes that there is not enough focus on patients holistically (Interview - McCartney, L. - 18/09/17). She notes that the lack of continuity in services and treatments leads to a, ‘revolving door’ situation (Ibid). This misalignment and *mistreatment* of art therapy within the medical field is clearly worrisome for the many practitioners I spoke with. Some art therapists feel their practice threatens the more evidence-based scientific modes of treatment. Kerr (2017) observes that arts therapies are based more on anecdotal narratives than procedural outcomes from a systematic-process (Interview - Kerr, A. - 18/09/17). The word *subversive* was coined by one practitioner, another felt *off the grid* when discussing the circumstances in which their practice worked, in relation to other health services. Donaldson (2017) understands it as, ‘the issue of art as a felt response’ (Interview - Donaldson, L. - 22/10/17). This echoes Scotland’s first art therapist Joyce Laing, who states that art therapy engenders a, ‘self-feeling (of) painting your way through it (difficulties)’ (Interview - Laing, J. - 09/01/17).

Gugging’s Residents and staff have greater security and mutual respect for one another and visitors. Their security of longevity, personal development and achievement, is not the experience of arts therapists in healthcare in Scotland.

I recommend a review of the *disconnected* services in NHS Scotland healthcare for the chronically mentally ill, that reflects a determination to canvas stakeholders’ views on the efficacy of multidisciplinary, and the recognition of its pluralistic aims, which could connect health services to culture.

Laing (2017) contemplates the planned nature of art therapy today compared to her pioneering experiences in the 1970s, saying that art therapists didn’t need a

qualification then, and were less tied to the medical community (Interview - Laing, J. - 09/01/17). She observes that today there is more of a drive to offer art therapy services to people who may benefit from it than before, and that more credence is afforded to art therapy (Ibid). However, she thinks that medical students should be educated on the practice, to facilitate more recognition of its value and crossover potential (Ibid). Laing worked in Glasgow's HMP Barlinnie during the 1970s in the renowned Barlinnie Special Unit, where prisoners created art; with many success stories, such as those of Jimmy Boyle and Hugh Collins, who went on to become famous artists after prison. That particular therapeutic community allowed participants to hone their natural creative talent, and break down barriers of their own perceptions of art-making, *and* those of society. It was an experiment using art therapy as a tool, forming a new model of rehabilitation for violent prisoners. Despite the success of the experiment in such an unlikely setting, and its proven benefits to reshape lives, whilst generating recognition for art therapy's process, Laing feels that the word *therapy* is often misused; leading to misconceptions of the practice by the public and medical professionals (Ibid). Laing maintains that some medical students haven't even heard of art therapy. She says it's more about the money and politics today, rather than learning culturally through imagination. *Psychiatric art* is something Laing feels is a more applicable term in modern society (Ibid). According to Laing's experiences and achievements, there is more common ground between HMP Barlinnie and Gugging. Perhaps a retrospective audit of Laing's embryonic professional career could revive art therapy as a form of efficacy independent to medicine, but equally efficacious. Eisner (2002, p.5) speaks of the problem inherent in a culture deficient in imaginative qualities:

A culture populated by a people whose imagination is impoverished has a static future. In such a culture there will be little change because there will be little sense of possibility.

My interviewees feel that there has been a sense of *wilful-ignorance* enacted by the spectrum of medical professionals outside the therapeutic arts and art therapy. They claim that this has denied patients the agency of innate creativity and imaginative processes within their recovery *over* prescribed medications. Gugging exemplifies that ever increasing agency these interviewees desire, with its dependence from empirical

time-limited quantitative health-structures, as it evidences *what actually works* in restoring patients' lives to become *healthy* as functioning artists.

The qualitative nature of art therapy is not a *quick-fix* solution, particularly when its services are controlled by the evolving relationship between therapist and client. The liminal space between therapist and client is an unbalanced dialogue on the client's inner-world, using self-reflection, and contextualising art activity as a useful catalyst for revelation. However, the art made is contingent on a client's level of artistic ability and self-analytical expression through artworks, in an implicit organic process. Stern (2010) as cited by Verfaillie (2016, p.30) describes it as:

In arts therapies, most things take place implicitly. The implicit aspect is expressed in the way people handle the medium, in *how* (sic) something comes into being in the moment, in *how* (sic) you make music, move, play, or give shape to something...Art therapies are linked to our implicit knowing, which often cannot be accessed through language. In arts therapies, a person can make contact in a nonverbal manner through the medium, which leads to a shared experience in the here and now. Or, as Stern calls it, a 'lived experience' in the 'present moment'.

The scattered approach to art therapy's services in Scotland, in terms of structures and best practice, is a trend that was highlighted by Laing (2017), Donaldson (2017, 2018, 2019), Bialek (2016), Kerr (2017, 2019) and McCartney (2017). Sagan (2015, p.45) comments upon the wider area of community arts, in addition to *art in the community* learning, noting a connection where many participants had experienced art therapy:

Strikingly, many people spoke of the ad hoc way in which such therapy was available – many were not offered art therapy as part of their treatment, and expressed regret. Some were offered a short series of sessions, or even a one-off. The quality of the encounter and techniques, materials and settings varied enormously, too, with some people speaking of a sustained and rich relationship with art therapy, and others being 'given some paper and a few pencils while someone walked around the looking in now and again...'.

All of the persons I interviewed, and read in documented personal accounts, had belief in the practice of art therapy, and the benefits of linking art with healthcare. However, questions of pathologising art, and focusing too much on talking *over* creation, were key issues emphasised by therapists, patients, and artists. There was no question that for some patients art therapy greatly supported them through recovery phases, and

engendered different modes of communication with therapists. The clear understanding I gained was that there is no similar model of art in a therapeutic context in Scotland comparable to Gugging's processes.

Gugging is *not* art therapy and *not* therapeutic art as activity, *nor* is it ad hoc time-limited therapeutic sessions. The art created in Gugging is *not* pathologised. It is unconditionally *art*. The only way that Residents' art relates to a medical strategy is that: it healthily removes vulnerable isolation; provides work and a profession; takes the Residents into the outside world; and provides them with a connected-life, where many supporters appreciate what they *can* do through their creativity, and *not* what they are unable to do. The therapeutic process gained through *living in art* and *und die welt* is a kind of social therapy pertaining to the Resident's family-life in the HoA, and their artistic working life through their family-business GG.

However, the relationship between an art therapy patient's underlying disconnection from family-life and working-life, before and after treatment, is *not* the responsibility of the care-giver; yet it is this *unaddressed* disconnection, which denies the patient a life-in-recovery that could also become a lifestyle of purpose and success.

My investigations into the therapeutic uses of art, including art therapy and third sector providers of therapeutic art, have provided me a foundational understanding of the services and provision currently available through NHS Scotland to improve the health of patients with mental illness. I have directly engaged with NHS health-managers, service providers, and their patients/clients to offer over 10 therapeutic art projects featuring aspects of Gugging's processes. In these, I worked collaboratively with participants *at the coal-face*. This experience has deepened my knowledge through experiential learning *within* the current trends and uses of services in NHS Scotland and third sector operations.

My residency-work in Project Ability and Phoenix Futures, as a practicing artist and researcher, further grew my comprehension of the methods and approaches for systems using client-referral, and self-referral programmes. Candid accounts by therapeutic-art professionals and patients/clients inside these systems of art therapy and third sector communities, balanced my conversations with both active and retired

medical professionals, patients, and artists; to reveal an objective account of the ways art in healthcare functions, and is perceived in Scotland.

I emphatically recommend that we in our society in Scotland, should re-think our relationship amongst art, mental illness and recovery, in consideration of the proven success of Gugging's two processes over decades. This success applies not only to its *patients* but to its staff, its networks across culture, its many visitors and collaborators, who have gained a very positive outlook as a result; *and* to the afterlife of the Residents' art in *its* enrichment of world culture.

These successes invite a *new* norm of an efficacious treatment-lifestyle within an *input-output* model using Gugging's processes of *living in art* and *und die welt*, supported by the correct infrastructural resources. I involve myself as a voice with profound insight into Gugging's value, and, as an agent for change I advocate the adoption of the holistic Gugging system. Gugging's longevity of efficacy has proven itself through four decades of political change and economic challenge in Austria. Gugging has operated successfully in all areas of its activity and, in practices of integration within cultural life, the art market and the essential context of its Residents' wellbeing.

Within this PhD process my remit of advocacy was limited to five Falling UP public intervention-expositions, in addition to ten iterations of Falling UP Silverburn, as a third sector pilot, which embodied aspects of *living in art*. In Falling UP Silverburn, a wide-range of clients was provided by: Fife Employment Access Trust, NHS Stratheden Hospital, Fife Voluntary Action, and Phoenix Futures Fife.

I planted the seeds to grow post-PhD opportunities involving Falling UP through the continued political support and follow-ups to my *Gugging* pilot activity in Silverburn Park. In January 2018, I achieved cross-party political support from the Scottish Labour Party and the Scottish Liberal Democrat Party for my awareness-raising campaign of Gugging' system of care and its wider societal and cultural importance; through Falling UP's *postcards to politicians* and *postcards to psychiatrists* (see Analogue slide 28, p.200). This subsequently led to Falling UP 5.0's lobbying-exposition in The Scottish Parliament itself, during December 2018. I have been

invited to return to The Scottish Parliament, to present my PhD research findings into the efficacy of Gugging's processes.

My recommendation will be for policy change in Scotland's mental health strategy.

I commit to convey the important message of improving mental health through the processes of Gugging as agency-in-action, through creating art with collaborators and clients in the fields of art, mental illness and recovery, to the benefit of culture. I plan to proceed with three new enterprises, which will explore new methods of engagement and discourse. Firstly, I have set in motion an invitation to collaborate with a Polish filmmaker to create a film of myself as I visit Gugging, delineating my own experiential journey of art-process and recovery in Scotland, whilst crossing the boundary to my extraordinary experience of Gugging's environment of care. Secondly, another project will be a long continuous visit in Gugging, to write an account of my experiences of *living in art*, for a more general readership than a thesis permits. Thirdly, I plan to arrange through the contacts I have made during this PhD process, the first exhibition in Scotland of the Gugging Artists.

The completion of this thesis and the fulfilment of my research, at this point provides a graduated milestone in my personal and professional life, before I commence further stages of investigative, expressive procedure in the schema of art-process, mental illness and recovery. I anticipate that Gugging shall always remain part of my life-process because of its parallels to my reality of living in recovery, where recovery does not present itself as a cure, but as living a purposeful life maintaining mental health as a daily lifestyle; and akin to how Residents in Gugging survive and prosper.

Bibliography

- Adams, E. (2016) *Eileen Adams: Agent of Change: In Art, Design and Environmental Education*. Leicestershire: Loughborough Design Press Ltd.
- Adams, L.S. (1993) *Art and Psychoanalysis*. Boulder Colorado: Westview Press.
- Adams, T.E., Ellis, C. and Jones, S.H. (2017) 'Autoethnography', in Matthes, J., Davis, C.S. and Potter, R.F. (eds.) *The International Encyclopedia of Communication Research Methods*.
doi: 10.1002/9781118901731.iecrm0011
- Ades, D., Cox, N. and Hopkins, D. (1999) *Marcel Duchamp*. London: Thames & Hudson.
- Aigner, S. (ed.) (2013) *Hölzer II: Feilacher Skulpturen*. Salzburg: Residenz Verlag.
- Aisemberg, P., Fage, G. and Grand, P. (eds.) (2005) *Arnulf Rainer et sa collection d'Art Brut*. Paris: Fage éditions.
- Albertina Modern. (2020) *The Beginning: Art in Austria 1945 to 1980*. Available at: https://www.albertina.at/site/assets/files/13213/pm_the_beginning_mai-nov2020_en.pdf
(Accessed: 13/03/20).
- Aldridge, J. (2016) *Participatory Research*. Bristol: Policy Press University of Bristol.
- Allen, L. (2011) 'Picture this': using photo-methods in research on sexualities and schooling, *Qualitative Research*, 11 (5), pp.487-504.
doi: 10.1177/1468794111413224

Alter, A. (2010) *The Persistent Illusion of Impartiality: It's impossible to guarantee that our decisions are impartial*. Available at:

<https://www.psychologytoday.com/us/blog/alternative-truths/201006/the-persistent-illusion-impartiality>

(Accessed: 03/02/19).

Alter-Muri, S. and Klein, L. (2007) 'Dissolving the Boundaries: Postmodern Art and Art Therapy', *Art Therapy, Journal of the American Art Therapy Association*, 24

(2), pp.82-86.

doi: 10.1080/07421656.2007.10129584

Amirsadeghi, H. (ed.) (2012) *Sanctuary: Britain's Artists and their Studios*. London: Thames & Hudson.

Anderson, L. (2006) 'Analytic autoethnography', *Journal of Contemporary Ethnography*, 35 (4), pp.373–395.

doi: 10.1177/0891241605280449

Ansperger, N., Feilacher, J. and Höger, M. (2017) *Karl Vondal.! Erotisches: Johann Garber.! Bastler und Meistermaler*. Salzburg: Residenz Verlag.

Anton, A. (2017) 'Outsider Art: Then, Now, Tomorrow', in Gómez, E.M. (ed.) *Raw Vision Magazine*, 93 Spring. p.21.

Arnheim, R. (1966) *Toward a Psychology of Art*. Berkley: University of California Press.

Arnheim, R. (1996) *The Split and the Structure: Twenty Eight Essays*. Berkeley and Los Angeles: University of California Press.

Arnold, N. (2018) 'Mental health is a myth' says anti psychiatrist Bonnie Burstow. Available at:

<https://www.bbc.co.uk/bbcthree/article/df13daea-9aa8-4956-8cd1-e28076210fbf>

(Accessed: 07/03/18).

Artlink. (2016) *We will become like (a) family. Arts as part of ethical care.*

Available at:

<https://artlinkgroundsforchange.files.wordpress.com/2016/11/we-become-text-panel-1.jpg>

(Accessed: 25/11/16).

Artlink. (2020) *About.* Available at:

<https://www.artlinkedinburgh.co.uk/>

(Accessed: 20/11/16).

Artsadmin, Shape Arts. (2016) *A balancing act: Delivering unlimited, a case study in partnership working.* Arts Council England. Available at:

<http://www.artshealthresources.org.uk/docs/a-balancing-act-delivering-unlimited>

(Accessed: 02/08/18).

Arts Council of Northern Ireland. (2014) *Art form and specialist area policy 2013-2018.* Belfast: Arts Council of Northern Ireland. Available at:

<https://www.artshealthresources.org.uk/docs/art-form-and-specialist-area-policy-2013-2018/>

(Accessed: 05/02/17).

Ashby, C. (2020) *The Albertina Modern's opening has been delayed – so what are we missing out on?* Available at:

<https://www.apollo-magazine.com/albertina-modern-vienna-opening-delay-coronavirus/>

(Accessed: 15/04/20).

Atkinson, S. and Tomley, S. (2015) *The Psychology Book.* London: Dorling Kindersley Limited.

Austrian art colony transcends dark history. (2017) Available at:

<https://www.enca.com/life/austrian-art-colony-transcends-dark-history>

(Accessed: 13/11/18).

Austrian Presidency of the Council of the European Union Federal Chancellery of Austria, Federal Minister for Women, Families and Youth, Division III - Women and Equality. (2018) *Gender Equality in Austria: Milestones, successes and challenges*. Available at:
file:///Users/user/Documents/Gleichstellung_Broschuere_Ratsvorsitz_EN_RZ16.pdf
 (Accessed: 07/02/19).

BAAT. (2020) *Art Therapy Information*. Available at:
<https://www.baat.org/Assets/Docs/General/ART%20THERAPY%20TRAINING%20July%20%202014.pdf>
 (Accessed: 08/02/17).

Badura, E.T. and Klocker, H. (2012) *Vienna Actionism: Art and Upheaval in 1960s Vienna*. Cologne: Verlag der Buchhandlung Walther König.

Baker, B. (2010) *Diary Drawings, Mental Illness and Me*. London: Profile Books Ltd.

Baker, P. (ed.) (2011) *Mental Health Ethics: The human context*. Oxon: Routledge

Bamford, A. (2006) *The Wow Factor: Global Research Compendium on the Impact of the Arts in Education*. Germany: Waxmann Verlag GmbH.

Baron-Cohen, S. (2008) *The facts. Autism and Asperger Syndrome*. Oxford: Oxford University Press.

Barron, F. and Harrington, D. M. (1981) 'Creativity, intelligence, and personality', *Annual Review of Psychology*, 32 (1), pp.439-476.
 doi: 10.1146/annurev.ps.32.020181.002255

Baum, P., Feilacher, J., Pongratz, P., Reutner, B. and Scheuringer, A. (2017) *Art brut aus Gugging: Die Sammlung Leo Navratil und spätere Erwerbungen*. Vienna: Verlag für modern Kunst.

Baumer, A. (2005) *Wood-Pieces: Johann Feilacher's Sculptural Work*. Heidelberg: Edition Braus.

Bee, P., Price, O., Baker, J. and Lovell, K. (2015) 'Systematic synthesis of barriers and facilitators to service user-led care planning', *British Journal of Psychiatry*, 207 (2), pp.104-114.
doi:10.1192/bjp.bp.114.152447

Benson, N., Collin, C., Ginsburg, J., Grand, V., Lazyan, M., Weeks, M. and Tomley, S. (2015) *The Psychology Book*. London: Dorling Kindersley Limited.

Benton, S. (2018) *The Difference Between Mental Health and Mental Illness*. Available at:
<https://www.psychologytoday.com/us/blog/reaching-across-the-divide/201804/the-difference-between-mental-health-and-mental-illness>
(Accessed: 28/02/19).

Besonen, J. (2015) 'The Living Museum, on the Creedmoor Campus in Queens, Puts Patients' Work on Display', *The New York Times*, 1 May. Available at:
<https://www.nytimes.com/2015/05/03/nyregion/the-living-museum-on-the-creedmoor-campus-in-queens-puts-patients-work-on-display.html>
(Accessed: 17/05/16).

Beuys, J. and Kuoni, C. (ed.) (1990) *Joseph Beuys in America. Energy Plan for the Western man*. Reprint. New York: Basic Books, 1993.

Beveridge, A. (2001) 'A disquieting feeling of strangeness? The art of the mentally ill', *Journal of the Royal Society of Medicine*, 94 (11), pp.595–599.
doi: 10.1177/014107680109401115

Bhandari, S. (2018) *Causes of Mental Illness*. Available at:
<https://www.webmd.com/mental-health/mental-health-causes-mental-illness#1>
(Accessed: 02/08/18).

Blackshaw, G. and Wieber, S. (eds.) (2012) *Journeys into Madness: Mapping Mental Illness in the Austro-Hungarian Empire*. Oxford: Berghahn Books.

Bogner, A., Littig, B., and Menz, W. (eds.) (2009) *Interviewing Experts*. London: Palgrave Macmillan.

Bowie, D., and Eno, B. (1995) *I. Outside*. London: Westside Studios.

Boxer, H. (2017) 'Outsider Art: Then, Now, Tomorrow', in Gómez, E.M. (ed.) *Raw Vision Magazine*, 93 Spring, p.22.

Boyce, S., Fisher, E. and Fortnum, R. (2013) *On not Knowing how Artists think*. London: Black Dog Publishing.

Bradford, E. (2016) *In the Mind: Key facts about mental health in Scotland*.

Available at:

<http://www.bbc.co.uk/news/uk-scotland-35576995>

(Accessed: 15/02/16).

Brand-Claussen, B. (1996) *Beyond Reason. Art and Psychosis. Works from the Prinzhorn Collection*. London: Harvard Gallery.

Brent, B.K., Holt, D.J., Keshavan, M.S, Seidman, L.J. and Fonagy, P. (2014)

'Mentalization-based Treatment for Psychosis: Linking an Attachment-based Model to the Psychotherapy for Impaired Mental State Understanding in People with Psychotic Disorders', *The Israel journal of psychiatry and related sciences*, 51 (1), pp. 17-24. Available at:

[https://www.researchgate.net/publication/261473204_Mentalization-](https://www.researchgate.net/publication/261473204_Mentalization-based_Treatment_for_Psychosis_Linking_an_Attachment-based_Model_to_the_Psychotherapy_for_Impaired_Mental_State_Understanding_in_People_with_Psychotic_Disorders)

[based_Treatment_for_Psychosis_Linking_an_Attachment-](https://www.researchgate.net/publication/261473204_Mentalization-based_Treatment_for_Psychosis_Linking_an_Attachment-based_Model_to_the_Psychotherapy_for_Impaired_Mental_State_Understanding_in_People_with_Psychotic_Disorders)

[based_Model_to_the_Psychotherapy_for_Impaired_Mental_State_Understanding_in](https://www.researchgate.net/publication/261473204_Mentalization-based_Treatment_for_Psychosis_Linking_an_Attachment-based_Model_to_the_Psychotherapy_for_Impaired_Mental_State_Understanding_in_People_with_Psychotic_Disorders)

[_People_with_Psychotic_Disorders](https://www.researchgate.net/publication/261473204_Mentalization-based_Treatment_for_Psychosis_Linking_an_Attachment-based_Model_to_the_Psychotherapy_for_Impaired_Mental_State_Understanding_in_People_with_Psychotic_Disorders)

Brown, D. and Trigg, N. (2018) *Mental health: 10 charts on the scale of the problem*. Available at:

<https://www.bbc.co.uk/news/health-41125009>

(Accessed: 28/02/19).

Bucci, W. (2001) 'Pathways of Emotional Communication', *Psychoanalytic Inquiry*, 21 (1), pp.40-70.

doi: 10.1080/07351692109348923

Buckley, C.A. and Waring, M.J. (2013) 'Using diagrams to support the research process: examples from grounded theory', *Qualitative Research*, 13 (2), pp.148-172.

doi: 10.1177/1468794112472280

Bulman, M. (2017) 'EU Universal Income must be "seriously considered" as rise of robots threatens mass unemployment, say MEPs', *The Independent*, 14 January.

Available at:

<http://www.independent.co.uk/life-style/gadgets-and-tech/universal-basic-income-robots-eu-meps-unemployment-mady-delvaux-stehres-european-parliament-a7527661.html>

(Accessed: 14/01/17).

Bulman, M. (2017) 'Two thirds of adults experience mental health problems such as anxiety or depression, survey finds', *The Independent*, 8 May. Available at:

<https://www.independent.co.uk/news/uk/home-news/mental-health-problems-anxiety-depression-men-women-adults-two-thirds-experience-foundation-a7720266.html>

(Accessed: 08/05/17).

Bulman, M. (2017) 'Almost half of public sector workers forced to take time off due to mental health problems, finds survey', *The Independent*, 31 May. Available at:

<https://www.independent.co.uk/news/uk/home-news/public-sector-workers-half-time-off-work-mental-health-problems-survey-civil-servants-survey-a7765566.html>

(Accessed: 31/06/17).

Bulman, M. (2017) 'Government fails to track mental health in UK prisons amid soaring suicide and self-harm rates, report finds', *The Independent*, 29 June. Available at: <http://www.independent.co.uk/news/uk/home-news/mental-health-uk-prisons-suicide-rates-self-harm-report-national-audit-office-hmpps-public-health-a7812701.html> (Accessed: 28/06/17).

Bungay, H., Munn-Giddings, C., Boyce, M. and Wilson, C. (2014) *The value of the arts in therapeutic and clinical interventions: a critical review of the literature*. Cambridge: Anglia Ruskin University. Available at: <https://www.artshealthresources.org.uk/docs/the-value-of-the-arts-in-therapeutic-and-clinical-interventions/> (Accessed:01/02/17).

Butler, T. and Scurlock-Evans, L. (2013) *Psychology Express. Personality and Individual Differences*. London: Pearson Education Limited.

Cardinal, R. (1994) 'Towards an Outsider Aesthetic', in Hall, M.D. and Metcalf, E.W., Jr. (eds.) *The Artist Outsider: Creativity and the Boundaries of Culture*. Washington: Smithsonian Books, pp.23, 38-39.

Carré d'artistes. (2017) Gugging, a *surprising art brut factory*. Available at: <https://www.carredartistes.com/en-fr/blog/gugging-surprenante-fabrique-d-art-brut> (Accessed: 27/03/18).

Case, C. and Dalley, T. (2006) *The Handbook of Art Therapy* (2nd edn). USA: Routledge

Cavin, S. (2017) 'Outsider Art: Then, Now, Tomorrow', in Gómez, E.M. (ed.) *Raw Vision Magazine*, 93 Spring. p.24.

Chamberlain, L. (2000) *The Secret Artist: A Close Reading of Sigmund Freud*. London: Quartet Books.

Chapman, A. (2018) “‘May all Be Shattered into God’: Mary Barnes and Her journey through Madness in Kingsley Hall’, *Journal of Medical Humanities*, 41 (2), pp.1-22.

doi: 10.1007/s10912-018-9517-1

Chipp, H.B. (1968) *Theories of Modern Art: A Source Book by Artists and Critics*. Berkeley and Los Angeles: University of California Press.

Cockburn, P. (2017) ‘Mental health patients are being treated as criminals and sent to prisons rather than hospitals’, *The Independent*, 21 April. Available at: <https://www.independent.co.uk/voices/prince-harry-mental-health-prisons-cant-be-solved-talking-a7695876.html>

(Accessed: 23/04/17).

Cohen, B.M.Z. (2015) *Mental Health User Narratives*. Basingstoke: Palgrave Macmillan.

Cohen, R. (2017) *Outsider Art and Art Therapy: Shared Histories, Current Issues & Future Identities*. London: Jessica Kingsley Publishers.

Connolly, J. (2017) ‘Beware of experts with PhDs, they just might take over the world’, *The Independent*, 15 December. Available at: https://www.independent.co.uk/news/long_reads/phds-and-philosophy-and-professor-with-knowledge-do-a-dissertation-michael-gove-jean-paul-satre-marx-a8109256.html

(Accessed: 18/12/17).

Connolly, K. (2018) ‘Hans Asperger aided and supported Nazi programme, study says - Eight-year study finds pioneer of paediatrics assisted in Third Reich’s “euthanasia” programme’, *The Guardian*, 19 April. Available at: <https://www.theguardian.com/world/2018/apr/19/hans-asperger-aided-and-supported-nazi-programme-study-says>.

(Accessed: 20/04/18).

Conquergood, D. (1998) 'Beyond the Text: Toward a Performative Cultural Politics' in Dailey, S.J. (ed.) *The future of performance studies: Visions and revisions*. Annandale, VA: National Communication Association, pp.25-36.

Coombs, N., (ed.) (2013) *The Outsider: Patricide 6*. Rhos-on-Sea: Dark Windows Press.

Craig, R, J. (2008) *Up By - A History of Rosslynlee Hospital*. Glasgow: Publishing Bureau.

Craven, N. (2017) 'RCP represented at culture, health and wellbeing conference', *Royal College of Physicians of London*. Available at: <https://www.rcplondon.ac.uk/news/rcp-represented-culture-health-and-wellbeing-conference> (Accessed: 12/08/18).

Crawford, P., Brown, B., Baker, C., Tischler, V. and Abrams, B. (2015) *Health Humanities*. Hampshire: Palgrave Macmillan.

Crawford, P., Lewis, L., Brown, B. and Manning, N. (2013) 'Creative practice as mutual recovery in mental health', *Mental Health Review Journal*, 18 (2), pp.44-64. Available at: http://eprints.nottingham.ac.uk/3281/2/Mutual_Recovery_MHRJ_Paper_Open_Access.pdf (Accessed: 08/07/18).

Cristales, D. (2016) 'An art program offers classes to help veterans cope with psychological disorders', *The Signal Tribune Newspaper*, 8 April. Available at: <https://signaltribunenewspaper.com/30562/news/an-art-program-offers-classes-to-help-veterans-cope-with-psychological-disorders/> (Accessed: 29/11/16).

Csordas, T. (1990) 'Embodiment as a Paradigm for Anthropology', *Ethos*, (18) 1, pp.5-47.

doi: 10.1525/eth.1990.18.1.02a00010

Curious Routes. (n.d.) *Endless Possibilities*. Available at:

<http://www.curiousroutes.co.uk/>

(Accessed: 16/05/18).

Czech, H. (2016) From “Action T4” to “decentralized euthanasia” in Lower Austria: The psychiatric hospitals of Gugging, Mauer-Öhling and Ybbs. Memorialgugging.at. Available at:

http://www.memorialgugging.at/pdf/Czech_Gugging_e.pdf

(Accessed: 14/04/17).

Dagmar, W. (2009) ‘Die Gugginger Art Brut ist weltbekannt, weniger bekannt ist, wie sie entsteht’, *Augustin*. 17 June. Available at:

<https://augustin.or.at/gugging-entzaubert/>

(Accessed: 02/03/18).

Daniel, H. (1971) *Encyclopaedia of Themes and Subjects in Painting*. London: Thames & Hudson.

Davies, C., Knuiman, M. and Rosenberg, M. (2016) ‘The art of being mentally healthy: a study to quantify the relationship between recreational arts engagement and mental well-being in the general population’, *BMC Public Health*, 16 (15), pp.1-10.

doi: 10.1186/s12889-015-2672-7

Davies, E.B. (2015) *Development of an online intervention to increase mental health literacy and promote self-management of depression in university students*. PhD thesis, University of Nottingham. Available at:

<http://eprints.nottingham.ac.uk/28972/1/EBDavies%20thesis.pdf>

(Accessed: 24/09/19).

Dax, C.E. (1953) *Experimental Studies in Psychiatric Art*. London: Faber & Faber.

de Botton, A. and Armstrong, J. (2013) *Art as Therapy*. London: Phaidon Press.

de Lisle, T. (2011) 'Immaculate Conceptions', *The Independent*, 18 September.

Available at:

<https://www.independent.co.uk/arts-entertainment/immaculate-conceptions-5649707.html>

(Accessed: 10/04/17).

de Vaus, D. (2014) *Surveys in Social Research*. Abingdon, Oxon: Routledge.

Defert, D., Ewald, F., Fontana, A. and Davidson, J. (eds.) (2014) *Michel Foucault. Lectures on The Will to Know. Lectures at the Collège de France 1970-1971 and Oedipal Knowledge*. Translated by Burchell, G. Basingstoke Hampshire: Palgrave Macmillan.

Demarco, R. (2016) *Richard Demarco & Joseph Beuys: A Unique Partnership*. Edinburgh: Luath Press.

Denholm, A. (2017) 'Growing numbers of primary children being "parked" on over-the-counter pills', *The Herald*, 2 October. Available at:

<https://www.heraldsotland.com/news/15569565.growing-numbers-of-primary-pupils-being-parked-on-over-the-counter-pills/>

(Accessed: 03/10/17).

Denk, P. and Weibold, B. (2016) 'Psychiatric Care Planning in Lower Austria – A long-term project'. *Neurology, Psychiatry and Brain Research*, (22) 2, pp.97-100. doi: 10.1016/j.npbr.2016.04.002

Denzin, N.K. (2014) *Interpretive Autoethnography* (2nd edn) Thousand Oaks California: SAGE Publications Inc.

Desjarlais, R.R (2003) *Sensory Biographies: Lives and Deaths among Nepal's Yolmo Buddhists*. Berkley, California: University of California Press.

Devon, N. (2016) 'Here's the proof that British mental health is worse than ever', *The Independent*. 16 February. Available at:

<https://www.independent.co.uk/voices/here-s-proof-british-mental-health-worse-ever-a6876921.html>

(Accessed: 03/05/16).

di Maria, T. (2017) 'Outsider Art: Then, Now, Tomorrow', in Gómez, E.M. (ed.) *Raw Vision Magazine*, 93 Spring. p.25.

Diaz, J.O.P. and Dayal, A (2008) 'Sense of place: A model for Community Based Psychosocial Support Programs', *The Australasian Journal of Disaster and Trauma Studies* 1 (1). Available at:

https://www.massey.ac.nz/~trauma/issues/2008-1/prewitt_diaz.htm

(Accessed: 15/06/17).

Dodd, D. (2017) 'Broadening the debate on mental health', *The Guardian*, 15 October. Available at:

<https://www.theguardian.com/society/2017/oct/15/broadening-the-debate-on-mental-health>

(Accessed: 16/10/17).

Dr Guislain Award. (2015) *Winner award 2015: Janos Marton*. Available at:

<https://www.drguislainaward.org/previous-winners/2015>

(Accessed: 22/10/16).

Drummond, J.S. and Themessl-Huber, M. (2007) 'The cyclical process of action research: The contribution of Gilles Deleuze', *Action Research*, 5 (4), pp. 430–448. doi: 10.1177/1476750307077317

Dubuffet, J. (1987) *Towards an Alternative Reality*. New York: Pace Publications and Abbeville Press.

Dumitrica, D. and Gaden, G. (2009) 'Knee-High Boots and Six-Pack Abs: Autoethnographic Reflections on Gender and Technology in Second Life', *Journal of Virtual Worlds Research*, 1 (3), pp.3-23.

doi: 10.4101/jvwr.v1i3.323

Duncan, P., Campbell, D. and Bawden, A. (2018) 'Hundreds of mental health patients died after NHS care failures', *The Guardian*, 5 March. Available at: <https://www.theguardian.com/society/2018/mar/05/hundreds-of-mental-health-patients-dying-after-nhs-care-failures> (Accessed: 05/03/18).

Earthy, S. and Cronin, A. (2008) 'Narrative Analysis', in Gilbert, N. (ed.) *Researching Social Life*, (3rd edn). London: SAGE Publications Ltd. pp.420-439.

Edensor, T. (2005) *Industrial Ruins: Space, Aesthetics and Modernity*. Oxford: Berg Publishers.

Edlin, A. (2017) 'Outsider Art: Then, Now, Tomorrow', in Gómez, E.M. (ed.) *Raw Vision Magazine*, 93 Spring. p.20.

Eisner, E. (2002) *The Arts and The Creation of Mind*. Virginia: Yale University Press.

Elkins, J. (2001) *Why Art Cannot Be Taught*. Urbana and Chicago: University of Illinois Press.

Elkins, J. (2014) *Artists with PhDs* (2nd edn). Washington: New Academia Publishing.

Ellingson, L.L. (2009) *Engaging crystallization in qualitative research: An Introduction*. Thousand Oaks, CA: SAGE Publications Inc.

Ellingson, L.L (2014) 'The truth must dazzle gradually: Enriching relationship research using a crystallization framework', *Journal of Social and Personal Relationships*, 31 (4), pp.442-450.

doi: 10.1177/0265407514523553

Ellis, C. (2007) 'Telling Secrets, Revealing Lives: Relational Ethics in Research With Intimate Others', *Qualitative Inquiry*, 13 (1), pp.3-29.

doi: 10.1177/1077800406294947

Ellis, C., Adams, T.E. and Bochner, A.P. (2011) Autoethnography: an overview, *Historical Social Research*, 36 (4), pp.273-290.

doi: 10.12759/hsr.36.2011.4.273-290

Ellis-Petersen, M. and Slay, J. (2016) *The Art of Commissioning: How commissioners can release the potential of the arts and cultural sector*. New Economics Foundation. Available at:
https://neweconomics.org/uploads/files/073b949f02e1842037_vqm6vugbd.pdf
 (Accessed: 12/07/18).

Emery, L. (ed.) (2002) *Teaching Art in a Postmodern World: Theories, Teacher Reflections and Interpretive Frameworks*. Australia: Common Ground Publishing.

Epstein, E., Wiesner, M, and Duda, L. (2013) *From Psychiatry and Psychotherapy's Grand Delusion Toward Constructions of a Post-Therapeutic State*. Available at:
<https://www.madinamerica.com/2013/01/from-psychiatry-and-psychotherapys-grand-delusion-toward-constructions-of-a-post-therapeutic-state/>
 (Accessed: 04/07/18).

Espinoza, J. (2016) 'Teachers use early-warning system to spot mental health issues', *The Telegraph*, 23 April. Available at:
<https://www.telegraph.co.uk/education/2016/04/22/teachers-use-early-warning-system-to-spot-mental-health-issues/>
 (Accessed: 23/04/16).

Etzler, M.S. (2014) *Writing from the Periphery: W. G. Sebald and Outsider Art*. PhD Thesis. University of California, Berkeley. Available at: <https://escholarship.org/uc/item/1979c8pp#author> (Accessed: 21/07/19).

Evans, H.D. (2017) 'Un/covering: Making Disability Identity Legible', *Disability Studies Quarterly*, 37 (1), pp.1-24.
doi: 10.18061/dsq.v37i1.5556

Ever/Present/Past. (2014) *EPP Archive*. Available at: <https://artlinkeverpresentpast.wordpress.com/> (Accessed: 22/04/17).

Eysenck, H. (1998) *Genius. The Natural History of Creativity* (3rd edn). Cambridge: Cambridge University Press.

FairerScotlandAdmin2. (2015) *Social Prescribing*. Available at: <https://www.ideas.gov.scot/fairerscotland-health/social-prescribing> (Accessed: 20/1/19).

Farrer, M. (2019) 'Historian berates billionaires at Davos over tax avoidance', *The Guardian*, 30 January. Available at: <https://www.theguardian.com/business/2019/jan/30/historian-berates-billionaires-at-davos-over-tax-avoidance#:~:text=A%20discussion%20panel%20at%20the,task%20for%20not%20paying%20taxes.&text=And%20of%20the%20rich%20just,Time%20magazine%20panel%20on%20inequality> (Accessed: 03/02/19).

Feilacher, J. (2004) 'Dreamscapes', in Thomashoff, H.O. and Sartorius, N. (eds.), *Art Against Stigma: A historical perspective*. Stuttgart: Schattauer Verlag. pp.38-42.

Feilacher, J. (2004) *Sovären Das Haus der Künstler in Gugging*. Heidelberg: Publishing House. Edition Braus im Wachter Verlag.

Feilacher, J. (2006) *Gugging: Ein Ort der Kunst. Gugging: Grounds for Art*. Vienna: Christian Brandstätter Verlag

Feilacher, J. (2011) 'Conversation with Dr Johann Feilacher'. Interviewed by Museum of Everything. Available at:
<https://docplayer.net/21799863-The-museum-of-everything-exhibition-4-conversation-with-dr-johann-feilacher.html>
 (Accessed: 30/03/20).

Feilacher, J. (2015) *Navratil's Künstler Gäste Buch: Der Künstler und Sein Bild der Welt*. Salzburg: Residenz Verlag.

Feilacher, J. (2016) *Johann Hauser...der künstler bin ich!...i am the artist!* Salzburg: Residenz Verlag.

Feilacher, J. and Ansperger, N. (2018) *gehirngefühl.!: kunst aus gugging von 1970 bis zur gegenwart*. Salzburg: Residenz Verlag.

Fenner, P. and Schofield, M.J. (2016) 'Visual Arts The Place of the Art Exhibition in Mental Health Recovery', in Neilsen, P., King, R. and Baker, F (eds.) *Creative arts in Counselling and Mental Health*. Thousand Oaks, California: SAGE Publications Inc. pp.61-74.

Ferrier, J.L. and le Pichon, Y. (eds.) (1989) *Art of Our Century*. New York: Prentice Hall Press.

Fine, G.A. (2004) *Everyday Genius: Self-Taught Art and the Culture of Authenticity*. Chicago: The University of Chicago Press.

Fineberg, J. (ed.) (1998) *Discovering Child Art: Essays on Childhood, Primitivism and, Modernism*. New Jersey: Princeton University Press.

Forster, K. (2017) 'Tory manifesto promises to tackle "injustice" of mental health but will give no extra funding for services', *The Independent*, 3 June. Available at:

<https://www.independent.co.uk/news/health/conservative-manifesto-tory-mental-health-funding-rectify-injustice-problems-no-extra-money-a7742801.html>
(Accessed: 18/06/17).

Forster, K. (2017) 'Third of UK workers experiencing anxiety, depression or stress, survey finds', *The Independent*, 6 July. Available at:
<http://www.independent.co.uk/news/health/uk-workers-depression-stress-anxiety-survey-a7827656.html>
(Accessed: 08/07/17).

Foucault, M. (1961) *Madness and Civilization: A History of Insanity in the Age of Reason*. Translated by Murphy, J. and Khalfa, J.
Routledge Classics.

Fox, R. (2014) 'My visit to the Gugging Centre. Joining them in the studio', *rubyfoxart.wordpress.com*, August 26. Available at:
<http://rubyfoxart.wordpress.com/category/research-trips/vienna/gugging-centre/>
(Accessed: 15/08/15).

Frances, A. (2012) 'Diagnosing the D.S.M'. *The New York Times*, May 11.
Available at:
<https://www.nytimes.com/2012/05/12/opinion/break-up-the-psychiatric-monopoly.html>
(Accessed: 19/05/17).

Frances, A. (2018) 'The Sackler family's drug money disgraces museums around the world', *The Guardian*, 16 February. Available at:
<https://www.theguardian.com/commentisfree/2018/feb/16/sackler-family-blood-money-disgrace-museums>
(Accessed: 16/02/19).

Frankl, V. (2004) *Man's Search for Meaning: The classic tribute to hope from the Holocaust*. Reading: Rider.

Frankl, V. (2014) *The Will to Meaning: Foundations and Applications of Logotherapy. Expanded Edition*. New York: Plume.

Fraser, A., Bungay, H. and Munn-Giddings, C. (2014). The value of the use of participatory arts activities in residential care settings to enhance the well-being and quality of life of older people: A rapid review of the literature, *Arts & Health*, 6 (3), pp.266-278.

doi: 10.1080/17533015.2014.923008

Freud, S. (1997) *The Interpretation of Dreams*. Translated by Brill, A.A. New edn. Hertfordshire: Wordsworth Classics.

Friends of Grace Community Center. (2011) Available at:

<http://www.thefriendsofgrace.org/home>

(Accessed: 21/01/18).

Gaga, L. and Adhanom, T. (2018) '800,000 people kill themselves every year. What can we do?' *The Guardian*, 9 October. Available at:

<https://www.theguardian.com/commentisfree/2018/oct/09/lady-gaga-mental-health-global-emergency-suicide>

(Accessed: 11/10/18).

Gander, K. (2017) 'From anorexia to anxiety: people with mental illness reveal how it can cause physical pain', *The Independent*, 12 May. Available at:

<https://www.independent.co.uk/life-style/health-and-families/mental-illness-body-mind-linked-health-physical-pain-health-awareness-week-a7731861.html>

(Accessed: 18/05/17).

Gander, K. (2017) 'Healing with paint: how the pioneer of art therapy helped millions of mental health patients', *The Independent*, 7 September. Available at:

<https://www.independent.co.uk/life-style/health-and-families/art-therapy-mental-health-edward-adamson-wellcome-collection-jung-a7227126.html>

(Accessed: 10/09/17).

Giderer, H.E. (2016) 'Two aspects of art: Suicide mental illness and therapy', *Global Journal of Arts Education*, 6 (3), pp.85-90.
doi: 10.18844/gjae.v6i3.1700

Gilbert, K.E. and Kuhn, H. (1956) *A History of Esthetics*. (2nd edn). London: Thames & Hudson.

Gilbert, N. (ed.) (2008) *Researching Social Life* (3rd edn). London: SAGE Publications Ltd.

Gilley, E. (2017) 'Outsider Art: Then, Now, Tomorrow', in Gómez, E.M. (ed.) *Raw Vision Magazine*, 93 Spring. p.22.

Gilroy, P. (1991) *There Ain't No Black in the Union Jack: The Cultural Politics of Race and Nation*. Chicago, IL: University of Chicago Press.

Giroux, H.A., Lankshear, C., McLaren, P. and Peters, M. (1996) *Counternarratives: Cultural Studies and Critical Pedagogies in Postmodern Spaces*. London: Routledge.

Gladwell, M. (2008) *Outliers: The Story of Success*. New York: Little Brown and Company.

Globe Consultants (2011) *Final Report. Consultancy work to support the development of a national forum for arts & health*. Lincoln: Globe Consultants.
Available at:
<https://www.artshealthresources.org.uk/docs/final-report-consultancy-work-to-support-the-development-of-a-national-forum-for-arts-health/>
(Accessed: 23/09/16).

Gombrich, E. (1968) *The Story of Art* (11th edn). London: Phaidon Press.

Gómez, E.M. (2016) 'Celebrating Self-Taught Artists at a Center in Austria', *The New York Times*, 29 June. Available at:
<https://www.nytimes.com/2016/06/29/arts/design/celebrating-art-brut-at-a-center-in-austria.html>

(Accessed: 29/11/16)

Gómez, E.M. (ed.) (2017) 'Outsider Art: Then, Now, Tomorrow', *Raw Vision Magazine*, 93 Spring. pp.20-27.

Gómez, E.M. (2018) *A Pilgrimage to Art Brut's Austrian Heart*. Available at:
<https://hyperallergic.com/452795/museum-austria-art-brut-gugging-1970/>

(Accessed: 19/10/19).

Gómez, E.M. (2019) 'Odd Atmospheres: The Austrian *art brut* creator Leopold Strobl's distinctive drawing-collages are bold in form and rich in ambiance', *Raw Vision Magazine*, 102 Summer. pp.42-45.

Gordon, B. (2017) 'How the outpouring of positivity towards Prince Harry shows the mental health conversation has already begun', *The Telegraph*, 17 April.

Available at:

<https://www.telegraph.co.uk/news/2017/04/17/outpouring-positivity-towards-prince-harry-shows-mental-health/>

(Accessed: 17/04/17).

Gordon, B. (2017) 'As a mental health professional, I thought I knew everything about depression... then I had a breakdown', *The Telegraph*, 24 April. Available at:
<https://www.telegraph.co.uk/health-fitness/body/mental-health-professional-thought-knew-everything-depression/>

(Accessed: 29/04/17).

Gordon, B. (2017) 'No-one talks about OCD, no-one talks about what it really is. I thought I was going crazy', *The Telegraph*, 7 May. Available at:

<https://www.telegraph.co.uk/health-fitness/body/no-one-talks-ocd-no-one-talks-really-thought-going-crazy/>

(Accessed: 13/05/17).

Gordon, B. (2018) 'You wouldn't ignore a child with a broken leg... so why those with mental health problems?', *The Telegraph*, 10 March. Available at:
<https://www.telegraph.co.uk/women/life/wouldnt-ignore-child-broken-leg-mental-health-problems/>

(Accessed: 10/03/18).

Gordon-Nesbitt, R. (2015) *Exploring the Longitudinal Relationship Between Arts Engagement and Health*. Manchester: Arts For Health, Manchester Metropolitan University.

Gore, W. (2017) 'Prince Harry was right to talk about his mental health, but the media's obsession with "stigma" isn't helpful', *The Independent*, 17 April.

Available at:

<https://www.independent.co.uk/voices/prince-harry-telegraph-mental-health-media-stigma-isnt-helpful-a7687426.html>

(Accessed: 17/04/17).

Gotthardt, A. (2017) *This Artist Residency in a Hospital Is Helping Combat Mental Health Stigma*. Available at:

<https://www.artsy.net/article/artsy-editorial-artist-residency-hospital-helping-combat-mental-health-stigma>

(Accessed: 08/11/17).

Goulden, R., Corker, E., Evans-Lacko, S., Rose, D., Thornicroft, G. and Henderson, C. (2011) 'Newspaper coverage of mental health in the UK, 1992-2008', *BMC Public Health*, 11 (1), 796, pp.1-8.

doi: 10.1186/1471-2458-11-796

Graham-Dixon, A.G. (2008) *Art: A Definitive Visual Guide*. London: Dorling Kindersley Limited.

Gravestock, H.M. (2010) 'Embodying understanding: drawing as research in sport and exercise', *Qualitative Research in Sport and Exercise*, 2 (2), pp. 196-208.
doi: 10.1080/19398441.2010.488028

Gray, C. and Malins, J. (2004). *Visualizing Research: A Guide to the Research Process in Art and Design*. Abingdon: Routledge.

Green Tree Arts Studio. (n.d.) *How We Help*. Available at:
<http://www.greentreeartsstudio.co.uk/>
(Accessed: 15/06/18).

Greenberg, G. (2013) *The Book of Woe: The DSM and the Unmaking of Psychiatry*. Australia: Scribe UK.

Griffith, F.J. and Bauer-Leffler, S. (2018) 'What Is a Healthy Mind? Art Informs Recovery at a State Psychiatric Hospital', *Art Therapy Journal of the American Art Therapy Association*, 35 (1), pp.42-47.
doi: 10.1080/07421656.2018.1459117

Grigoriou, E. (2019) *Wellbeing in Interiors: Philosophy, Design & Value in Practice*. London: RIBA Publishing.

Gugging at Hotel Schloss Fuschl. (2017) Directed by Frank Zintner. Austria: Schloss Fuschl Betriebe GmbH.

Gurrey, S. (2017) 'Art is a therapeutic tool but it can also give everyone a voice in our society', *The Scotsman*, 7 June. Available at:
<https://www.scotsman.com/news/opinion/columnists/samantha-gurrey-art-therapeutic-tool-it-can-also-give-everyone-voice-our-society-1447985>
(Accessed: 07/06/17).

Gwinner, K., Knox, M. and Brough, M. (2012) 'Making Sense of Mental Illness as a Full Human Experience: Perspective of Illness and Recovery Held by People With a

Mental Illness Living in the Community', *Social Work in Mental Health*, 11 (2), pp.99-117.

doi: 10.1080/15332985.2012.717063

Hacking, S., Secker, J., Kent, L., Shenton, J. and Spandler, H. (2006) 'Mental health and arts participation: the state of the art in England', *The Journal of The Royal Society for the Promotion of Health*, 126 (3), pp.121-127.

doi: 10.1177/1466424006064301

Hacking, S., Secker, J., Spandler, H., Kent, L. and Shenton, J. (2008) 'Evaluating the impact of participatory art projects for people with mental health needs', *Health & Social Care in the Community*, 16 (6), pp.638-648.

doi: 10.1111/j.1365-2524.2008.00789.x

Hall, M.D. and Metcalf, E.W., Jr (eds.) (1994) *The Artist Outsider: Creativity and the Boundaries of Culture*. Washington: Smithsonian Books.

Hammer (2017) 'Outsider Art: Then, Now, Tomorrow', in Gómez, E.M. (ed.) *Raw Vision Magazine*, 93 Spring, p.23

Harari, Y.N. (2016) *Homo Deus. A Brief History of Tomorrow*. Translated by Harari, Y.N. London: Harvill Secker.

Hare, B. and Bielecka, P. (eds.) (2006) *Divided Selves: The Scottish Self-Portrait from the 17th Century to the Present*. London: The Fleming-Wyfold Art Foundation.

Harris, K. (2009) *Not everything is black and white*. Available at:
<https://www.marketingmag.com.au/hubs-c/noteverythingisblackandwhite/>
 (Accessed: 16/04/2020).

Harris, M. (2017) 'Outsider Art: Then, Now, Tomorrow', in Gómez, E.M. (ed.) *Raw Vision Magazine*, 93 Spring, p.23.

Harvey, W.J., Wilkinson, S., Pressé, C., Joobar, R. and Grizenko, N. (2012) 'Scrapbook interviewing and children with attention-deficit hyperactivity disorder', *Qualitative Research in Sport, Exercise and Health*, 4 (1), pp.62-79.
doi: 10.1080/2159676X.2011.653497

Healy, D. (2013) *Psychiatric Drugs Explained* (5th edn). London: Churchill Livingstone.

Helman, C.G. (2007) *Culture, Health and Illness* (5th edn). Boca Raton: CRC Press.

Henare, A., Holbraad, M. and Wastell, S. (2007) *Thinking Through Things*. Abingdon, Oxon: Routledge.

Higgins, C. (2019) 'Budge up, great white males! MoMA goes global with an explosive \$450m rehang', *The Guardian*, 16 October. Available at:
<https://www.theguardian.com/artanddesign/2019/oct/16/moma-goes-global-with-an-explosive-450m-rehang?page=with:img-7>
(Accessed: 18/10/19).

Hiles, D. (2001) *Heuristic Inquiry and Transpersonal Research*. Available at:
<http://psy.dmu.ac.uk/drhiles/HIpaper.htm>
(Accessed: 03/06/18).

Hirsch, H., Luchsinger, K. and Röske, T. (2018) *Extra-ordinaire!/Extra-ordinary!/: Unknown Works from Swiss Psychiatric Institutions around 1900*. Thüringen: Scheidegger & Spiess.

Höger, M. and Feilacher, J. (2018) *Philipp Schöpke*. Salzburg: Residenz Verlag.

Höger, M. (2019) 'Von Gugging in die Welt - Ein Einblick in die Rezeptionsgeschichte von Kunst aus gugging', *Neuropsychiatr*, 33 (1), pp.57-60.
doi: /10.1007/s40211-019-0301-x

Horder, J. (2010) 'How True is the one-in-four mental health statistic?',

The Guardian, 24 April. Available at:

<http://www.theguardian.com/commentisfree/2010/apr/24/one-in-four-mental-health-statistic>

(Accessed: 1/06/17).

Hosie, R. (2017) 'Mindfulness only works for women, Brown University study suggests', *The Independent*, 21 April. Available at:

<https://www.independent.co.uk/life-style/health-and-families/mindfulness-works-only-women-brown-university-study-suggests-a7695946.html>

(Accessed: 21/04/17).

Howell, S. (2018) *Ethnography*. Available at:

<https://www.anthroencyclopedia.com/entry/ethnography>

(Accessed: 03/04/18).

Hume, V. (2019) 'A specialist explaining things in their own words: Art in hospitals', in Grigoriou, E. *Wellbeing in Interiors: Philosophy, Design & Value in Practice*. London: RIBA Publishing, pp.100-102.

Husslein-Arco, A. and Krejci, H. (eds.) (2016) *Franz West ARTISTCLUB*, 21er Haus Museum of Contemporary Art, 14 December 2016 – 23 April 2017. [exhibition catalogue]. Vienna: VfmK Verlag für moderne Kunst GmbH.

İncirlioğlu, C.G (1994) 'Typologies in Photography', *METU JFA*, 14, (1-2), pp.11–22. Available at:

http://jfa.arch.metu.edu.tr/archive/0258-5316/1994/cilt14/sayi_1_2/11-22.pdf

Ingold, T. (2008) 'Anthropology is not Ethnography'. *Radcliffe-Brown Lecture in Social Anthropology. Proceedings of the British Academy* 154, pp. 69-92.

Available at:

https://www.academia.edu/11994047/Anthropology_is_not_Ethnography_by_Tim_Ingold

(Accessed: 07/10/16).

Ingold, T. (2008) 'Bindings against Boundaries: Entanglements of Life in an Open World', *Environment and Planning A: Economy and Space*, 40 (8), pp.1796–1810.
doi: 10.1068/a40156

Ingold, T. and Vergunst, J.L. (eds.) (2008) *Ways of Walking: Ethnography and Practice on Foot*. Aldershot: Routledge.

Ings R., Crane N. and Cameron M. (2012) *Be creative, be well: Arts, wellbeing and local communities: An evaluation*. London: Arts Council England. Available at:
<https://www.artshealthresources.org.uk/docs/be-creative-be-well-arts-well-being-and-local-communities-an-evaluation/>
(Accessed: 05/10/16).

Irwin, K. (2006) 'Into the Dark Heart of Ethnography: The Lived Ethics and Inequality of Intimate Field Relationships'. *Qualitative Sociology*, 29 (2), pp.155-175.
doi: 10.1007/s11133-006-9011-3

IST Austria. (2009) *Art on the Campus: "Art Brut Center Gugging": Neighbours of IST Austria: "Museum Gugging" and Galerie Gugging*. Available at:
https://ist.ac.at/fileadmin+user_upload+pdfs+Press_release+2009_Press_Release+090515_PA_MuseumFixEn+pdf
(Accessed: 07/12/16).

Izundu, C.C. (2020) 'Does your company nurture neurodiverse talent?', *BBC News*, 17 January. Available at:
<https://www.bbc.co.uk/news/uk-51014028>
(Accessed: 19/01/20).

James, A. (2012) 'Seeking the analytical imagination: reflections on the process of interpreting qualitative data'. *Qualitative Research*, 13 (5), pp.562-577.
doi: 10.1177/1468794112446108

Janssen (2015) *Dr. Guislain “Breaking the Chains of Stigma” Award for Janos Marton*. Available at:

<https://www.janssen.com/emea/dr-guislain-breaking-chains-stigma-award-janos-marton>

(Accessed: 24/03/19).

Jencks, C. (1986) *What is Post-Modernism?* New York: St Martin’s Press.

Jensen, A. (2018) ‘Mental health recovery and arts engagement’, *The Journal of Mental Health Training, Education and Practice*, 13 (3), pp.157-166.

doi: 10.1108/JMHTEP-08-2017-0048

Jensen, A. and Bonde L.O. (2018) ‘The use of arts interventions for mental health and wellbeing in health settings’, *Perspectives in Public Health*, 138 (4), pp.209-214.

doi: 10.1177/1757913918772602

Jones, K. (2013) ‘Infusing biography with the personal: writing Rufus Stone’, *Creative Approaches to Research*, 6 (2), pp.6-23. Available at:

https://www.researchgate.net/publication/268811617_Infusing_Biography_with_the_Personal_Writing_Rufus_Stone

(Accessed: 03/10/16).

Jones, C. (2017) ‘Doctors are giving famous works of art medical diagnoses’, *The Evening Standard*, 31 May. Available at:

<https://www.standard.co.uk/lifestyle/london-life/doctors-are-giving-famous-works-of-art-medical-diagnoses-a3553501.html>

(Accessed: 02/06/17).

Jones, K., Koh, E., Veis, N., White, A., Hurworth, R., Bell, J., Shrimpton, B. and Fitzpatrick, A. (2010) *Framing Marginalised Art: Developing an Ethical Multidimensional Framework for Exhibiting the Creative Works by People who Have Experienced Mental Illness And/or Psychological Trauma*. Australia: University of Melbourne Custom Book Centre.

Kandel, E.R. (2012) *The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain from Vienna 1900 to the Present*. New York: Random House Inc.

Kara, H. (2015) *Creative Research Methods in the Social Sciences*. Bristol: Policy Press.

Karkou, V. (2010) *Art Therapies, Art, Dance Movement, Drama and Music Therapy: Hitting the HEAT Targets*. The Scottish Arts Therapies Forum 2010. Available at:

<https://badth.org.uk/sites/default/files/content/doc/artstherapiesreporthittingtheheatargets.pdf>

(Accessed: 20/01/19).

Kawulich, B.B. (2005) 'Participant Observation as a Data Collection Method'. *Forum: Qualitative Social Research*, 6 (2), Available at:

<https://www.qualitative-research.net/index.php/fqs/article/view/466>

Kelly, S., Davies, L., Harrop, D., McClimens, A., Peplow, D. and Pollard, N. (2015) *Reviewing art therapy research: A constructive critique*. Project Report. Sheffield Hallam University. Available at:

<http://shura.shu.ac.uk/11359/>

(Accessed: 03/10/17).

Kennard, D. (2004) 'The Therapeutic Community as an Adaptable Treatment Modality Across Different Settings', *Psychiatric Quarterly*, 75 (3), pp.295-307. doi: 10.1023/b:psaq.0000031798.95075.26

Kester, G. (2013) *Conversation Pieces. Community and Communication in Modern Art*. London: University of California Press.

King, C. (2019) *The Reinvention of Humanity: A Story of Race, Sex, Gender and the Discovery of Culture*. London: The Bodley Head.

Kisfalvi, V. (2006) 'Subjectivity and Emotions as Sources of Insight in an Ethnographic Case Study: A Tale of the Field', *M@N@GEMENT*, 3 (3), pp.117-135. doi: 10.3917/mana.093.0117

Kleining, G. and Witt, H. (2000) 'The Qualitative Heuristic Approach: A Methodology for Discovery in Psychology and the Social Sciences. Rediscovering the Method of Introspection as an Example', *Forum: Qualitative Social Research*, 1 (1), Art. 13. doi:10.17169/FQS-1.1.1123

Koh, C. (2006) 'Reviewing the link between Creativity and Madness: A Postmodern Perspective', *Educational Research and Reviews*, 1 (7), pp.213-221. Available at: https://www.academicjournals.org/article/article1379599505_Koh.pdf (Accessed: 27/04/18).

Kooke, S. (2006) 'Madness: patient as a successful cash cow', *Trouw*, 14 November. Available at: <https://www.trouw.nl/nieuws/waanzin-patient-als-succesvolle-melkkoe~bf6c0616/> (Accessed: 08/03/17).

Kotowitz, Z. (2005) *R.D. Laing and the Paths of Anti-Psychiatry*. London: Routledge.

Ladurner, J., Gerger, M., Holland, W.W., Mossialos, E., Merkur, S., Stewart, S., Irwin, R. and Soffried, J. (eds.) (2011) *Public Health in Austria. An analysis of the status of public health*. Available at: <http://eprints.lse.ac.uk/43950/1/Public%20health%20in%20Austria%20%28lsero%29.pdf> (Accessed: 05/11/18).

Laing, R.D. (1960) *The Divided Self*. Reprint. London: Penguin Books, 1990.

Laing, R.D. (1967) *The Politics of Experience and The Bird of Paradise*. Reprint. London: Penguin Books, 1990.

Lammer, C., Sawchuk, K., Cartwright, L. and Tembeck, T. (2012). Christina Lammer Empathography. Vienna: Löcker Verlag.

Langley, D. (2016) *A balancing act: Delivering unlimited, a case study in partnership working*. London: Arts Council England. Available at: https://www.artscouncil.org.uk/sites/default/files/download-file/Balancing%20Act_Unlimited%20case%20study_Final.pdf (Accessed: 04/11/16).

Lankston, L., Cusack, P., Fremantle, C., and Isles, C. (2010) 'Visual art in hospitals: Case studies and review of the evidence', *Journal of the Royal Society of Medicine*, 103 (12), pp.490-499.
doi: 10.1258/jrsm.2010.100256

Lawson, S. (1996) *The 20th Century Art Book*. London: Phaidon Press.

Layzell, R. (1988) *Enhanced Performance*. London: Black Dog Publishing.

Leader, D. (2012) *What is Madness?* London: Penguin Books Ltd

Leask, D. (2017) 'Herald campaign exposes Scottish society's addiction to prescription drugs', *The Herald*, 2 October. Available at: <https://www.heraldscotland.com/news/15569720.herald-campaign-exposes-scottish-societys-addiction-to-prescription-drugs/> (Accessed: 03/10/17).

Lecompte, M. (1987) 'Bias in the Biography: Bias and Subjectivity in Ethnographic Research', *Anthropology & Education Quarterly*, 18 (1), pp.43-52.
doi:43-52. 10.1525/aeq.1987.18.1.04x0762h

LENTOS Kunstmuseum Linz (2017) *PSYCHO DRAWING Art brut and the '60s and '70s in Austria*. Available at: https://www.lentos.at/images/Media/Psycho_Drawing_Pressinformation_engl.pdf (Accessed: 17/03/17).

Lesser, C. (2018) *Why Your Doctor May Be Prescribing Art Classes in the Future*.

Available at:

<https://www.artsy.net/article/artsy-editorial-doctor-prescribing-art-classes-future>

(Accessed: 26/09/18).

Little, S. (2004) *...isms: Understanding Art*. Reprint London: Herbert Press, 2010.

Lloyd, C., Wong, S. R. and Petchkovsky, L. (2007) 'Art and recovery in mental health: A Qualitative Investigation', *British Journal of Occupational Therapy*, 70 (5), pp.207-214.

doi: 10.1177/030802260707000505

Loewenthal, D. (ed.) (2013) *Phototherapy and Therapeutic Photography in a Digital Age*. Abingdon: Routledge.

Lowndes, S. (2014) *All Art is Political: Writings on Performative Art*. Edinburgh: Luath Press Ltd.

Lucie-Smith, E. (1999) *Lives of the Great 20th-Century Artists*. London: Thames & Hudson Ltd.

Lyotard, J.F. (1979) *The Postmodern Condition: A Report on Knowledge*. Reprint. Translated by Bennington, G. and Massumi, B. Manchester: Manchester University Press, 1999.

Macdonald, M. 'We all need shelter', (2009) in Davies, S. (ed.) *Shelter: On Kindness*. Melbourne: Bamba Press.

Machover, K. and Harrower, M. (1949) *Personality Projection in the Drawing of the Human Figure*. Reprint. United States: Literary Licensing, LLC, 2012.

Maclagan, D. (n.d.) *Between Art and Therapy*. Available at:

www.davidmaclagan.co.uk/downloads/between_art_and_therapy.doc

(Accessed: 5/05/17).

Maclagan, D. (2009) *Outsider Art: From the Margins to the Marketplace*. London: Reaktion Books.

Maclagan, D. (2011) 'Between art and therapy: using pictures from the world of art as an Imaginal focus', *ATOL: Art Therapy Online*, 1 (3), pp.1-9. Available at: journals.gold.ac.uk/index.php/atol/article/download/294/326 (Accessed:16/01/19).

Macmillan, R. (2011) *Seeing things differently? The promise of qualitative longitudinal research on the third sector*. Working Paper. Birmingham, UK: University of Birmingham.

Maier, M. (2017) 'Content analysis', in Allen, M. (ed.), *The SAGE Encyclopedia of Communication Research Methods* (Vol. 1), Thousand Oaks, CA: SAGE Publications, Inc

Maizels, J. (1996) *Raw Creation: Outsider Art and beyond*. Reprint London: Phaidon Press, 2010.

Maizels, J. (2009) *Outsider Art Sourcebook*. Herts: Raw Vision Ltd.

Manistre, L.M. (2017) A Thematic Analysis of Young People's views on Access to Mental Health Services MA Child and Adolescent Mental Health. PhD thesis, University of South Wales. Available at: https://www.researchgate.net/publication/324081304_A_THEMATIC_ANALYSIS_OF_YOUNG_PEOPLE%27S_VIEWS_ON_ACCESS_TO_MENTAL_HEALTH_SERVICES_MA_CHILD_AND_ADOLESCENT_MENTAL_HEALTH (Accessed: 11/07/18).

Maresca, F. (2017) 'Outsider Art: Then, Now, Tomorrow', in Gómez, E.M. (ed.) *Raw Vision Magazine*, 93 Spring. p.26.

Maresca, F. (2018) 'Redefining "Outsider Art"'. Interviewed by Rachel Wetzler for *Independent*, February. Available at:

<https://www.independenthq.com/features/redefining-outsider-art>
(Accessed: 18/12/19).

Maresca, F., Gómez, E.M. and Rexer, L. (2019) *Outsider & Vernacular Art: The Victor F.Keen Collection*. Edited by Lindgren, L. München: Hirmer Verlag GmbH.

Marlow, S. and Johnstone, K. (2017) 'The Power of the Arts', *The Psychologist*, 30. pp.84-89. Available at:
<https://thepsychologist.bps.org.uk/volume-30/july-2017/power-arts>
(Accessed: 15/12/18).

Matarasso, F. (2009) *The Human Factor: Experiences of Arts Evaluation*. Version 1.5.
Available at:
<https://parliamentofdreams.files.wordpress.com/2017/03/2009-the-human-factor.pdf>
(Accessed: 24/03/17).

McArdle, H. (2017) 'Staff shortages blamed for leaving mental health patients in fear', *The Herald*, 13 April. Available at:
<https://www.heraldsotland.com/news/15220853.staff-shortages-blamed-for-leaving-mental-health-patients-in-fear/>
(Accessed: 13/04/17).

McArdle, H. (2017) 'School pupils in "postcode lottery" over mental health provision', *The Herald*, 25 July. Available at:
<https://www.heraldsotland.com/news/15431137.school-pupils-in-postcode-lottery-over-mental-health-provision/>
(Accessed: 27/07/17).

McArdle, H. (2019) 'Psychiatrist Peter Gordon claims Royal College "gaslighted" him in antidepressant row', *The Herald*, 10 June. Available at:
<https://www.heraldsotland.com/news/17692699.psychiatrist-peter-gordon-claims-royal-college-gaslighted-antidepressant-row/>

(Accessed: 11/06/19).

McCabe, A. (2012) 'The Importance of Grassroots Community Arts groups in Big Society. The Third Sector Research Centre's Angus McCabe highlights major role grassroots arts groups play in communities', *The Guardian*, 17 January. Accessed at: <https://www.theguardian.com/voluntary-sector-network/community-action-blog/2012/jan/17/grassroots-community-arts-groups> (Accessed: 21/01/18).

McNiff, J. and Whitehead, J. (2011) *All you need to know about Action Research* (2nd edn). London: SAGE Publishing.

Méndez, M.G. (2013) 'Autoethnography as a research method: advantages, limitations and criticisms', *Colombian Applied Linguistics Journal*, 15 (2), pp.279-287.
doi: 10.14483/udistrital.jour.calj.2013.2.a09

Mental Health Foundation (2016) *Fundamental Facts about Mental Health 2016*. London: Mental Health Foundation. Available at: <https://www.mentalhealth.org.uk/sites/default/files/fundamental-facts-about-mental-health-2016.pdf> (Accessed: 14/05/17).

Mercier, J. (1997) *Art That Heals. The Image as Medicine in Ethiopia*. New York: Museum for African Art.

Micklewright, K. (2005) *Drawing: Mastering the Language of Visual Expression*. London: Laurence King Publishing Ltd.

Mihalache, G. (2019) 'Heuristic inquiry: Differentiated from descriptive phenomenology and aligned with transpersonal research methods', *The Humanistic Psychologist*, 47 (2), pp.136-157.
doi: 10.1037/hum0000125

Miller, F. (ed.) (2018) *Ecovillages Around the World: 20 Regenerative Designs for Sustainable Communities*. Rochester, Vermont: Findhorn Press.

Mills, J. (2017) 'The Government is lying when they say mental health services are getting better – it's time we did something about it', *The Independent*, 8 July.

Available at:

<https://www.independent.co.uk/voices/mental-health-nhs-service-cuts-counselling-suicide-theresa-may-getting-worse-a7830616.html>

(Accessed: 08/07/17).

Morris, R. (2017) 'Outsider Art: Then, Now, Tomorrow', in Gómez, E.M. (ed.) *Raw Vision Magazine*, 93 Spring. p.24.

Moscow Conference. (1943) *Declaration of the Four Nations*. Available at:

<http://www.ibiblio.org/pha/policy/1943/431000a.html>

(Accessed: 05/11/18).

Moustakas, C. E. (1990) *Heuristic research: Design, Methodology, and Applications*. Thousand Oaks California: SAGE Publications, Inc

Moutu, A. (2007) 'Collection as a way of Being', in Henare, A., Holbraad, M. and Wastell, S. (eds.) *Thinking Though Things*. London: Routledge. pp.93-112.

Mullin, J. (2016) *Drawing Autism*. London: LOM Art.

Nalewicki, J. (2017) *How This Vienna Suburb Became the Center of the "Raw Art" Movement*. Available at:

<https://www.smithsonianmag.com/travel/visiting-epicenter-art-brut-movement-austria-180964812/>

(Accessed: 20/02/20).

Nasrallah, H.A. (2014) 'Post-World War II psychiatry: 70 years of momentous change', *Current Psychiatry*, 13(7): pp.21-22, 49-50. Available at:

https://cdn.mdedge.com/files/s3fs-public/Document/September-2017/021_0714CP_FromTheEditor_FINAL.pdf
(Accessed: 06/04/17).

Navratil, L. (1965) *Schizophrenie und Kunst: Ein Beitrag zur Psychologie des Gestaltens*. München: Deutscher Taschenbuchverlag.

Navratil, L. (1994) 'The History and Prehistory of the Artists' House in Gugging', in Hall, D.M and Metcalf, E.W., Jr. (eds.), *The Artist Outsider: Creativity and the Boundaries of Culture*. Washington: Smithsonian Books. pp.198-211.

Naysmith, S. (2019) 'Practice of "seclusion" in mental health at risk of breaking the law', *The Herald*, 10 October. Available at:
<https://www.heraldsotland.com/news/17958130.practice-seclusion-mental-health-risk-breaking-law/>
(Accessed: 10/10/19).

NHS Lothian. (2020) *NHS Lothian Our Services: Art Therapies*. Available at:
<https://services.nhslothian.scot/ArtsTherapies/Pages/default.aspx>
(Accessed: 07/02/17).

Niermann, I. (2011) *The Future of Art Manual*. Translated by Patton, A. Berlin: Sternberg Press.

Nietzsche, F. (1974) *Thus Spoke Zarathustra*. Translated by Hollingdale, R.J. Middlesex: Penguin Books.

Nightingale, R. (2019) *The 10,000 hour rule Is Wrong: How to Really Master a Skill*. Available at:
<https://www.makeuseof.com/tag/10000-hour-rule-wrong-really-master-skill/>
(Accessed: 18/12/19).

Nunez, C. (n.d.) *Higher Self - The Self-Portrait Experience*. Available at:
<https://cristinanunez.com/portfolio/higher-self-the-self-portrait-experience>

(Accessed: 10/10/16).

Ocvirk, O.G., Stinson, R.E., Wigg, P.R., Bone, R.O. and Cayton, D.L. (1994) *Art Fundamentals Theory & Practice* (7th edn). London: Brown & Benchmark Publishers.

Ollman, J. (2017) 'Outsider Art: Then, Now, Tomorrow', in Gómez, E.M. (ed.) *Raw Vision Magazine*, 93 Spring. p.21.

Ong, J. (2018) '“There's no difference between artists with special needs and others”': *The story of The House of Artists*. Available at:
<https://www.itsnicethat.com/features/art-brut-gugging-world-mental-health-day-art-101018>
 (Accessed: 10/10/18).

Osborne, H. (1970) *The Oxford Companion to Art*. Reprint. Oxford: Clarendon Press, 1991.

Osborne, S. (2016) 'Elon Musk says people should receive a universal income once robots take their jobs', *The Independent*, 7 November. Available at:
<http://www.independent.co.uk/news/people/elon-musk-universal-income-robots-ai-tesla-spacex-a7402556.html>
 (Accessed: 07/11/16).

Owen, J.W. (2013) *Arts, Health and Wellbeing Beyond the Millennium: How far have we come and where do we want to go?* London: Royal Society for Public Health & Philipp Family Foundation. Available at:
<https://www.artshealthresources.org.uk/docs/arts-health-and-wellbeing-beyond-the-millennium-how-far-have-we-come-and-where-do-we-want-to-go/>
 (Accessed: 02/10/16).

Page, M. (2008) 'Gardening as a therapeutic intervention in mental health', *Nursing Times*, 104 (45), pp.28-30. Available at:
<http://www.nursingtimes.net/nursing-practice/clinical-zones/mental->

health/gardening-as-a-therapeutic-intervention-in-mental-health/1921374.article
(Accessed: 13/03/16).

Panter, B.M., Panter, M.L., Virshup, E. and Virshup, B. (eds.) (1995) *Creativity & Madness: Psychological Studies of Art and Artists*. Reprint. Burbank: Aimed Press, 1996.

Parcell, E.S. and Baker, B.M.A (2017). 'Narrative analysis', In Allen, M. (ed.), *The SAGE Encyclopedia of Communication Research Methods* (Vol. 3), pp. 1069-1072. Thousand Oaks, CA: SAGE Publications

Parr, H. (2005) *The Arts and Mental Health: Creativity and Inclusion*. University of Dundee. Available at:
https://www.researchgate.net/publication/228965564_The_arts_and_mental_health_creativity_and_inclusion
(Accessed: 14/06/18).

Parkinson, H.J. (2018) 'I've seen mental healthcare at first hand – I'm not shocked patients are dying', *The Guardian*, 7 March. Available at:
<https://www.theguardian.com/commentisfree/2018/mar/07/mental-healthcare-patients-dying-reform>
(Accessed: 08/03/18).

Pessoa, F., Ribeiro, N. and Borges, P. (ed.) (2012) *Philosophical Essays: A Critical Edition*. New York: Contra Mundum Press.

Pink, S. (2013) *Doing Visual Ethnography* (3rd edn). London: SAGE Publications Ltd.

Pink, S. (2015) *Doing Sensory Ethnography* (2nd edn). London: SAGE Publications Ltd.

Place and Identity (n.d.). Available at:
https://www.edu.gov.mb.ca/k12/cur/socstud/frame_found_sr2/tns/tn-10.pdf

(Accessed: 05/07/17).

Plummer, K. (1994) *Telling Sexual Stories: Power, Change and Social Worlds*. Reprint. Oxfordshire: Taylor & Francis, 1995.

Polley, M., Bertotti, M., Kimberlee, R., Pilkington, K. and Refsum, C. (2017) *A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications*. University of Westminster.

Available at:

<http://westminsterresearch.wmin.ac.uk/19223/1/review-of-evidence-assessing-impact-of-social-prescribing.pdf>

(Accessed: 12/07/18).

Poth, C. N. (2018) *Innovation in Mixed Methods Research: A Practical Guide to Integrated Thinking with Complexity*. London: SAGE Publications Ltd.

Poyton, R. (2019) 'If you want to get things done, pause', *The Guardian*, 31 August. Available at: <https://www.theguardian.com/lifeandstyle/2019/aug/31/if-you-want-to-get-things-done-pause-taking-time-out-is-crucial#:~:text=Machines%20work%20well%20at,and%20the%20faster%20the%20better.>

(Accessed: 31/08/19).

Prideaux, S. (2002) *Edvard Munch Behind the Scream*. Reprint. London: Yale University Press, 2007.

Prinzhorn, H. and Black, C. (ed.) (2011) *The Art of Insanity. An Analysis of 10 Schizophrenic Artists*. Chicago: Solar Books.

Radinger, E.H. (2017) *The Wisdom of Wolves: How Wolves Can Teach Us To Be More Human*. Reprint. London: Penguin Michael Joseph, 2019.

Ramon, S. (2018) 'The Place of Social Recovery in Mental Health and Related Services', *International Journal of Environmental Research and Public Health*, 15 (6), 1052, pp. 1-14
doi: 10.3390/ijerph15061052

Rapport, N.J. (2004) 'From the Porter's Point of View: Participation Observation by the Interpretive Anthropologist in the Hospital'. In Rapport, F.L. (ed.) *New qualitative methodologies in health and social care research*, pp.99-122. New York: Routledge.

Rawson, P. (1987) *Drawing* (2nd edn). Pennsylvania: University Pennsylvania Press.

Rayat, M., and Marsh, S. (2018) '“My son was left to rot at home”: one woman's battle to help her child', *The Guardian*, 5 March. Available at:
<https://www.theguardian.com/society/2018/mar/05/son-rot-home-one-woman-battle-to-help-child-mental-health>
(Accessed: 05/03/18).

Reutner, B., Baum, P., Feilacher, J., Pongratz, P. and Scheuringer, A. (2017) *Art brut aus Gugging: Die Sammlung Leo Navratil und spätere Erwerbungen*. Austria: Verlag Für Moderne Kunst.

Rhodes, C. (2020). *Outsider art*. Available at:
<https://www.britannica.com/art/outsider-art>
(Accessed: 01/10/20).

Rich, N. (2015) 'A Training Ground for Untrained Artists. An Oakland non-profit has a startling track record for helping developmentally disabled adults become prolific - and profitable - artists', *The New York Times Magazine*, 16 December. Available at:
<https://www.nytimes.com/2015/12/20/magazine/a-training-ground-for-untrained-artists.html>
(Accessed: 12/04/17).

Richman, S. (2014) *Mended by the Muse: Creative Transformations of Trauma*. New York: Routledge.

Ricco, R. (2017) 'Outsider Art: Then, Now, Tomorrow', in Gómez, E.M. (ed.) *Raw Vision Magazine*, 93 Spring. pp.26-27.

Roberts, R. (2017) 'Scotland set to pilot universal basic income scheme in Fife and Glasgow', *The Independent*, 2 January. Available at:

<http://www.independent.co.uk/news/uk/home-news/scotland-pilot-universal-basic-income-ubi-snp-fife-and-glasgow-scheme-a7505411.html>

(Accessed: 04/01/17).

Rochlitz, R. (1992) *The Disenchantment of Art: The Philosophy of Walter Benjamin*. Reprint New York: The Guilford Press, 1996.

Rodger, H. (2019) 'Syndrome society: Stop normalising mental illness and labelling children as disordered, says top psychologist', *The Herald*, 6 October. Available at:

<https://www.heraldscotland.com/news/17949810.syndrome-society-stop-normalising-mental-illness-labelling-children-disordered-says-top-psychologist/>

(Accessed: 06/10/19).

Rogers, A. and Pilgrim, D. (2010) *A Sociology of Mental Health and Illness* (5th edn). London: Open University Press.

Rose, G. (2016) *Visual Methodologies: An Introduction to Researching with Visual Materials* (4th edn) London: SAGE Publications Ltd.

Röske, T., Brand-Claussen, B. and Dammann, G. (2013) *Wahnsinn Sammeln: Outsider Art aus der Sammlung Dammann/Collecting Madness: Outsider Art from the Dammann Collection*. Heidelberg: Sammlung Prinzhorn.

Ross, L. (2017) 'Outsider Art: Then, Now, Tomorrow', in Gómez, E.M. (ed.) *Raw Vision Magazine*, 93 Spring. p.27.

Roswell, J. (2011) 'Carrying my family with me: artifacts as emic perspectives', *Qualitative Research*, 11 (3), pp.331-346.

doi: 10.1177/1468794111399841

Roth, G. (2012) *Im Irrgarten der Bilder. Die Gugginger Künstler*. Salzburg: Residenz Verlag.

Roxby, P. (2020) *Coronavirus: 'Profound' mental health impact prompts calls for urgent research*. Available at:

<https://www.bbc.co.uk/news/health-52295894>

(Accessed:16/04/20).

Rubin, J.A. (2010) *Art Therapy: An Introduction* (2nd edn). London: Routledge.

Ryan, B., Goding, M., Fenner, P., Percival, S., Percival, W., Latai, L., Petaia, L., Pulotu-Endemann, F. K., Parkin, I., Tuitama, G. and Ng, C. (2015) 'Art and mental health in Samoa', *Australasian psychiatry*, 23 (6), pp.55-58.

doi: 10.1177/1039856215608292

Sagan, O. (2016) *Narratives of Art Practice and Mental Wellbeing: Reparation and connection*. Abingdon, Oxon and New York: Routledge.

Salvador-Carulla, L., Amaddeo, F., Gutiérrez-Colosía, M. R., Salazzari, D., Gonzalez-Caballero, J. L., Montagni, I., Tedeschi, F., Cetrano, G., Chevreul, K., Kalseth, J., Hagmair, G., Straßmayr, C., Park, A. L., Sfetcu, R., Wahlbeck, K. and Garcia-Alonso, C. (2015) 'Developing a tool for mapping adult mental health care provision in Europe: the REMAST research protocol and its contribution to better integrated care', *International journal of integrated care*, 15 (4), pp.1-14.

doi: 10.5334/ijic.2417

Samaritter, R. (2018) 'The Aesthetic Turn in Mental Health: Reflections on an Explorative Study into Practices in the Arts Therapies'. *Behavioural sciences (Basel, Switzerland)*, 8 (4): 41, pp.1-11.

doi: 10.3390/bs8040041

Sameshima, P. and Vandermause, R. (2009) 'Methamphetamine addiction and recovery: poetic inquiry to feel', in Prendergast, M., Leggo, C., and Sameshima, P (eds.) *Poetic Inquiry: Vibrant Voices in the Social Sciences*. Rotterdam: Sense Publishers. pp.273–285.

SANE Australia. (n.d.) *Families, friends & carers*. Available at: <https://www.sane.org/information-stories/facts-and-guides/families-friends-carers> (Accessed: 14/10/18).

Sass, L. (1992) *Madness and Modernism. Insanity in the Light of Modern Art, Literature and Thought*. London: Harvard University Press.

Sass, L.A. (2001) 'Schizophrenia, Modernism, and the "Creative Imagination": On Creativity and Psychopathology', *Creativity Research Journal*, 13 (1), pp. 55-74. doi:10.1207/S15326934CRJ1301_7

Schaverien, J. (1992) *The Revealing Image: Analytical Art Psychotherapy in Theory and Practice*. Reprint. London: Jessica Kingsley Publishers, 1999.

Schroder, K.A. (2020) *The Beginning: Kunst in Wien 1945 Bis 1980*. München: Hirmer Verlag GmbH

Schüssler, A. (2006) *Madness on Paper and Canvas: Sublimation and Exploitation in the House of Artists in Gugging*. PhD thesis. University of Amsterdam.

Schwarz, L. (2010) *A Tightrope walk to Gugging...Second generation of Gugging Art*. Mag. Phil. University of Vienna.

Scottish Association for Mental Health. (n.d.) *Mental Health Problems*. Available at: <https://www.samh.org.uk/about-mental-health/mental-health-problems> (Accessed: 23/02/19).

Scottish Government. Department for Health and Social Care. (2017) *Mental Health Strategy: 2017-2027*. Available at:

<https://www.gov.scot/publications/mental-health-strategy-2017-2027/>
(Accessed: 09/06/17).

Scottish Government (2019) *Arts & Culture for Health & Wellbeing: Arts and Health Network Scotland, Cultural Strategy Submission*. Available at:
<https://www.ideas.gov.scot/a-culture-strategy-for-scotland-...t-does-culture-mean-to-you/arts-culture-for-health-wellbeing>
(Accessed: 20/01/19).

Scottish Government (n.d.) *Policy: Mental Health*. Available at:
<https://www.gov.scot/policies/mental-health/>
(Accessed: 21/01/19).

Scottish Mental Health Partnership. (2016) *Why Mental Health Matters to Scotland's Future. A Scottish Mental Health Partnership Special Briefing Paper*. Mental Health Foundation. Available at:
<https://www.mentalhealth.org.uk/publications/why-mental-health-matters-scotlands-future> (Accessed: 03/07/18).

Scottish Parliament Information Centre (2014) *SPICe Briefing: Mental Health in Scotland*. Available at:
http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_14-36.pdf
(Accessed: 16/09/17).

Scottish Recovery Network (n.d.) *What is Recovery?* Available at:
<https://www.scottishrecovery.net/what-is-recovery/>
(Accessed 03/07/18).

Scottish Recovery Network (2015) *SRN Values and CHIME*. Available at:
<https://www.scottishrecovery.net/wp-content/uploads/2015/06/CHIME-and-SRN.pdf>
(Accessed: 04/02/17).

Scull, A. (2011) *Madness: A Very Short Introduction*. Oxford: Oxford University Press.

Scully, A. (2015) *Madness in Civilization: A Cultural History of Insanity, from the Bible to Freud, from the Madhouse to Modern Medicine*. London: Thames & Hudson.

Sefton-Green, J. and Sinker, R. (eds.) (2000) *Evaluating Creativity: Making and Learning by Young People*. London: Routledge.

Seikkula, J. (2011) Becoming Dialogical: Psychotherapy or a Way of Life? *Australian and New Zealand Journal of Family Therapy*, 32 (3), pp.179-193.
doi: 10.1375/anft.32.3.179

Shah, N. (2016) 'Why mental health first aid should be taught in every school – to the pupils and the teachers', *The Independent*, 9 February. Available at:
<https://www.independent.co.uk/voices/why-mental-health-first-aid-should-be-taught-every-school-pupils-and-teachers-a6863301.html>
(Accessed: 10/02/16).

Sharp N.L., Bye R.A. and Cusick A. (2019) 'Narrative Analysis', in: Liamputtong P. (ed.) *Handbook of Research Methods in Health Social Sciences*. Singapore: Springer. p.137.

Shute, J. (2017) 'Inside the café of hope, where autistic young adults make lunch for those who would be lonely this Christmas', *The Telegraph*, 19 December.
Available at:
<https://www.telegraph.co.uk/christmas/0/inside-cafe-hope-autistic-young-adults-make-lunch-would-lonely/>
(Accessed: 19/12/17).

Siddique, H. (2017) 'Two-thirds of Britons have had mental health problems - survey', *The Guardian*, 8 May. Available at:
<https://www.theguardian.com/society/2017/may/08/two-thirds-of-britons-have-had-mental-health-problems-survey>
(Accessed: 08/05/17).

Siegel, S. (2018) 'Discourse analysis', in Frey, B. B. (ed.), *The SAGE encyclopedia of educational research, measurement, and evaluation* (Vol. 1), pp.524-525. Thousand Oaks, California: SAGE Publications.

Simmons, M. (2013) *Phototherapy and Therapeutic Photography in a Digital Age*. East Sussex: Routledge.

Smith, M.K. (1996; 2001, 2007, 2017) 'What is action research and how do we do it?', *The encyclopedia of pedagogy and informal education*. Available at: <https://infed.org/mobi/action-research/> (Accessed: 04/02/17).

Sotheby's. (n.d.) *Inside David Bowie's Private Collection*. Available at: <https://www.sothebys.com/en/slideshows/inside-david-bowies-private-collection> (Accessed: 11/03/17).

Sotheby's. (2016) *Bowie Collector: Hundreds of artworks from the personal collection of David Bowie revealed as "Bowie/Collector" catalogue is published today*. Available at: <http://www.glassismore.com/core/content.php-&option=viewitem&id=42&rd=1412&le=120&rg=.html> (Accessed: 05/04/17).

Stagoll, B. (2017) 'Systemic Therapy and the Unbearable Lightness of Psychiatry', *Australian & New Zealand Journal of Family Therapy*, 38 (3), pp.357-375. doi: 10.1002/anzf.1234

Start. (n.d.) *Pathways to Progress*. Available at: <https://www.startinspiringminds.org.uk/about-us/pathways-to-progress/> (Accessed: 16/11/17).

Stewart, H. and Campbell, D. (2019) 'Teachers to be trained to spot mental health issues early', *The Guardian*, 16 June. Available at:

<https://www.theguardian.com/society/2019/jun/16/teachers-to-be-trained-to-spot-mental-health-issues-early#:~:text=Theresa%20May%20is%20to%20announce,measures%20aimed%20at%20prioritising%20prevention>
(Accessed: 16/06/19).

Stickley, T., Hui, A. and Duncan, K. (2011) *Arts on prescription: Research report*. Nottingham: City Arts. Available at:
<https://www.artshealthresources.org.uk/docs/arts-on-prescription/>
(Accessed: 24/09/16).

Stone, J. (2016) 'Ministers don't know what effects their cuts are having on people with mental health problems', *The Independent*, 22 April. Available at:
<https://www.independent.co.uk/news/uk/politics/mental-health-cuts-ministers-don-t-know-ignorant-data-luciana-berger-a6996596.html>
(Accessed: 23/04/16).

Stone, J. (2016) "'Cruel" government policies blamed for depression and stress levels at Department for Work and Pensions', *The Independent*, 3 May. Available at:
<https://www.independent.co.uk/news/uk/home-news/cruel-government-policies-blamed-depression-and-stress-levels-department-work-and-pensions-a7010451.html>
(Accessed: 05/05/16).

Stone, J. (2017) 'DWP asked disability benefit claimant why she had not killed herself', *The Independent*, 14 April. Available at:
<https://www.independent.co.uk/news/uk/politics/dwp-benefit-sanctions-mental-health-suicide-killer-herself-assessments-pip-a7682991.html>
(Accessed: 15/04/17).

Stringer, E.T. (1999) *Action Research* (2nd edn). California: SAGE Publications Inc.

Tallis, F. (1992) *Understanding Obsessions and Compulsions: A self-help manual*. London: Sheldon Press.

Taylor, S. (2000) *Hans Bellmer. The Anatomy of Anxiety*. Cambridge: The MIT Press.

The Culture, Health and Wellbeing International Conference. (2017) *Culture Health & Wellbeing: conference report*. Arts and Health South West. Available at: <https://www.artshealthresources.org.uk/docs/culture-health-wellbeing-conference-report/>
(Accessed: 04/12/17).

The Herald. (2017) 'Increasing strain of schoolwork helps fuel rise in emotional troubles amongst Scots teenage girls', *The Herald*, 18 May. Available at: <https://www.heraldsotland.com/news/15292436.increasing-strain-of-schoolwork-helps-fuel-rise-in-emotional-troubles-amongst-scots-teenage-girls/>
(Accessed: 18/05/17).

Thomas, R. S. (2008) *Crime and Madness in Modern Austria: Myth, Metaphor and Cultural Realities*. Newcastle: Cambridge Scholars Publishing.

Thomashoff, H.O. and Sartorius, N. (eds.) (2004) *Art Against Stigma: A historical perspective*. Stuttgart: Schattauer Verlag.

Tolstoy, L. (1996) *What is Art? And Essays on Art. Volume 1*. Translated by Maude. A. London: MacMillan Publishing.

Tomlinson, A., Lane, J., Julier, G., Grigsby-Duffy, L., Payne, A., Mansfield, L., Kay, T., John, A., Meads, C., Daykin, N., Ball, K., Tapson, C., Dolan, P., Testoni, S. and Victor, C. (2018) *Visual art and mental health: A systematic review of the subjective wellbeing outcomes of engaging with visual arts for adults ("working-age", 15-64 years) with diagnosed mental health conditions*. London: What Works Centre for Wellbeing. Available at: https://whatworkswellbeing.org/wp-content/uploads/2020/01/Full-report-art-mental-health-wellbeing-Jan2018_0146725200.pdf
(Accessed: 16/01/19).

Tönnies, F. and Harris, J. (ed.) (2001) *Community and Civil Society*. Translated by Hollis, M. Cambridge: Cambridge University Press.

Topp, L. and Wieber, S. (2009) 'Architecture, Psychiatry and Lebensreform at an Agricultural Colony of the Insane - Lower Austria, 1903', *Central Europe*, 7 (2), pp.125-149.

doi: 10.1179/147909609X12490448453885

Tresidder, J. (1999) *Dictionary of Symbols: An Illustrated Guide to Traditional Images, Icons and Emblems*. London: Duncan Baird Publishers.

Tscherkassky, P. (ed.) (2012) *Film Unframed: A History of Austrian Avant-Garde Cinema*. Vienna: Film Museum Synema Publikationen.

Turner, C. (2015) 'Creative people are more likely to suffer from mental illness, study claims', *The Telegraph*, 9 June. Available at:
<http://www.telegraph.co.uk/news/science/science-news/11661332/Creative-people-are-more-likely-to-suffer-from-mental-illness.html>
 (Accessed: 18/04/17).

Vanderplasschen, W., Rapp, R.C, Pearce, S., Vandeveld, S. and Broekaert, E. (2013) 'Mental Health, Recovery, and the Community', *The Scientific World Journal*, 2013, pp.1-3.
 doi: 10.1155/2013/926174

van der Vaart, G. (2017) *Arts & Resilience in a Rural Community: The value of arts-based community activities in resilience-building in Pingjum, northern Netherlands*. PhD thesis, Groningen University. Available at:
https://www.waddenacademie.nl/fileadmin/inhoud/pdf/06-wadweten/Proefschriften/Proefschrift_Gwenda_van_der_Vaart_complete_LR.pdf
 (Accessed: 01/08/18).

Van Gelder, L. (1995) 'Bolek Greczynski, 44, Art Therapist at Creedmoor', *The New York Times*, 10 March. Available at:
<https://www.nytimes.com/1995/03/10/obituaries/bolek-greczynski-44-art-therapist-at-creedmoor.html>

(Accessed: 24/03/19).

Van Lith, T. (2016) 'Art therapy in mental health: A systematic review of approaches and practices', *The Arts in Psychotherapy*, 47, pp.9-22.

doi: 10.1016/j.aip.2015.09.003

Van Lith, T., Fenner, P. and Schofield, M.J. (2009) 'Toward an understanding of how art making can facilitate mental health recovery', *Australian e-Journal for the Advancement of Mental Health*, 8 (2), pp.183-193.

doi: 10.5172/jamh.8.2.183

Van Lith., T., Fenner, P. and Schofield, M.J. (2011) The lived experience of art making as a companion to the mental health recovery process. *Disability and rehabilitation*, 33 (8), pp. 652-660.

doi: 10.3109/09638288.2010.505998

Verfaillie, M. (2016) *Mentalizing in Arts Therapies*. Translated by Stennes, C. London: Karnac Books Ltd.

Vick, R.M. and Sexton-Radek, K. (2008) 'Community-Based Art Studios in Europe and the United States: A Comparative Study', *Art Therapy*, 25 (1), pp.4-10.

doi: 10.1080/07421656.2008.10129353

Wahl, D.C. (2016) *Designing Regenerative Cultures*. Axminster: Triarchy Press.

Walters, J. and Thorpe, V. (2019) 'Nan Goldin threatens London gallery boycott over £1m gift from Sackler fund', *The Guardian*, 17 February. Available at:

<https://www.theguardian.com/artanddesign/2019/feb/16/nan-goldin-sackler-gift-oxycontin-national-portrait-gallery>

(Accessed: 19/02/19).

Watson, P. (2011) *The German Genius: Europe's Third Renaissance, The Second Scientific Revolution and the Twentieth Century*. London: Simon & Schuster UK Ltd.

Weale, S. (2019) 'Children who need help with mental health face postcode lottery - study', *The Guardian*, 10 April. Available at:
<https://www.theguardian.com/society/2019/apr/10/children-who-need-help-with-mental-health-face-postcode-lottery-study>
 (Accessed: 11/04/19).

Weiermair, P. (1998) *The Bird of Self Knowledge: Folk Art and Current Artists' positions*. Zurich: Edition Stemmler.

Westminster All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report (2017) *Creative Health: The Arts for health and Wellbeing*. Available at:
<https://www.culturehealthandwellbeing.org.uk/appg-inquiry/>
 (Accessed: 16/10/17).

Wexler, A. and Derby, J. (2015) 'Art in Institutions: The Emergence of (Disabled) Outsiders', *Studies in Art Education*, 56 (2), pp.127-141.
 doi: 10.1080/00393541.2015.11518956

Wexler, A. (2016) *Autism in a Decentered World*. Abingdon, Oxfordshire and New York: Routledge

White, C. (2017) 'Woman with mental health issues asked "why haven't you killed yourself" in benefits assessment', *Metro*, 14 April. Available at:
<https://metro.co.uk/2017/04/14/woman-with-mental-health-issues-asked-why-havent-you-killed-yourself-in-benefits-assessment-6574438/>
 (Accessed: 15/04/17).

White, M. (2014) *Asking the Way: Directions and Misdirections in Arts in Health*. Birmingham: Ixia. Available at:

<https://www.artshealthresources.org.uk/docs/asking-the-way-directions-and-misdirections-in-arts-and-health/>
(Accessed 01/02/17).

Willette, J. (2014) *Michel Foucault: The Order of Things*. Available at:
<http://www.arthistoryunstuffed.com/michel-foucault-order-things>
(Accessed: 04/03/14).

Williams, A. (2017) 'How anxiety became society's prevailing condition', *The Independent*, 17 June. Available at:
http://www.independent.co.uk/news/long_reads/anxiety-prozac-nation-depression-mental-health-disorder-america-panic-usa-memoirs-self-help-book-a7785351.html
(Accessed: 18/06/17).

Winkler, P. and Langner, H. (2009) *Hans Langner – Birdman – Ein Künstlerleben*. München: Verlag: Bayerische Landesbank

Winnicott, D. W. (1965) *The Maturation Processes and the Facilitating Environment*. New York: International Universities Press.

Wiseman, E. (2018) 'The Cult of Being Kind', *The Guardian*, 1 April. Available at:
<https://www.theguardian.com/lifeandstyle/2018/apr/01/the-cult-of-being-kind>
(Accessed: 01/04/18).

Wood, C. (2016) 'Quick sketches and snapshots for brief art therapy: As a time-limited approach', in Hughes, R. (ed.) *Time-limited Art Psychotherapy*. Oxon: Routledge. pp.28-29, 36.

World Health Organization. (2001) *Fact Sheet: The World Health Report 2001: Mental and neurological disorders*. Available at:
https://www.who.int/whr/2001/media_centre/en/whr01_fact_sheet1_en.pdf?ua=1
(Accessed: 06/01/17).

Wright Mills, C. (1959) *The Sociological Imagination*. New York: Oxford University Press.

Zavyalova, A. (2017) *In Defense of Personal Bias in Ethnographic Research*.

Available at:

<https://www.epicpeople.org/in-defense-of-personal-bias-in-ethnographic-research/>
(Accessed: 16/04/20).

Zeki, S. (1999) *Inner Vision: An Exploration of Art and the Brain*. United States: Oxford University Press.

Zimmermann, J. (2015) *Hermeneutics: A Very Short Introduction*. Oxford: Oxford University Press

Appendices

Appendix A. Full list of research findings

1. On the exact site where Nazi medical crimes were committed against patients with mental illnesses, a redemptive development evolved in the form of a life-affirming, innovative and sustainable model of therapeutic healthcare for mental illness.
2. In this model, an inter-generational group of 12 Residents with chronic mental illnesses reside and work together as an extended family, within Gugging's system of creativity and recovery.
3. Gugging's system provides the means for Residents to re-balance and thereby re-negotiate their lives through the artistic and psychological processes of *living in art* and *und die Welt*.
4. Both processes are facilitated by four infrastructures (the House of Artists; Galerie Gugging; the Atelier; and Museum Gugging; established in 1986, 1994, 2001, and 2006 respectively) to empower Residents' *living in art*, and their functioning within *und die Welt* as artists, to participate in culture and make a contribution to society.
5. Gugging is renowned for its Residents' successful lives as artists, their social and cultural-integration, and artistic fame. This is underpinned by a regime for healthcare and social education that treats mental health conditions through supported exposure to society, within flexible opportunities for personal development that fulfil Residents' potential. Working *with* the rhythms and patterns of each Resident's condition, this regime is augmented by structures for medicine, diet, exercise, fresh air, social activity and purposeful physical activity, within targets for personal, social and educational development.
6. Gugging is characterised by the longevity and progressiveness of Feilacher's thirty-six-year-project and its synchronicity of healthcare, resilience, and social-integration with the extraordinary artistic development of its Residents. These simultaneously foster and develop sustainable production of Residents' art practice and its curation,

promotion, exhibition, sales, and cultural dissemination, to the highest professional standard.

7. The Residents' health is transformed by living in Gugging's system through the mentorship and care of medical and cultural-support staff; and although their chronic psychological conditions are incurable, they no longer dominate Residents' lifestyles of recovery.
8. Residents are supported to develop their innate creativity through making art, in order to lead purposeful, productive lives; *and* they are encouraged to sell their art to experience success as a professional artist, thereby gaining self-worth through social value.
9. The Residents' art emanates from their natural creativity and is self-taught, with no external interference through art-education, instruction, guidance, or artistic-conditioning.
10. Gugging's system is neither art therapy nor therapeutic art. The Residents create art for the purpose of their functioning within the art world and culture. They are at the centre of a nurturing economic-model of healthcare and art that is largely the sustained product of their own natural creativity and psychological conditions.
11. The Residents work confidently, and express their individual creative identities through harnessing imagination and intuitive artistic style, within individual work rhythms and patterns of art practice.
12. The Residents' artworks are highly valued in cultural society, the art market, acquired by private and public collections *and* positioned in the two historical contexts of Art Brut, and post WW2 contemporary Austrian art.
13. As a result of this value, stigma towards Residents' mental illnesses has been largely removed.

14. Gugging's system promotes and supports the Residents to play a part in re-shaping their own lives by doing the following:

- a. be true to themselves and true to their artistic creativity; and in so far as their psychological conditions permit, to be aware of being so.
- b. be part of the HoA *family*, and to contribute to its artistic heritage.
- c. contribute aesthetically to the exterior and interior of their home, in murals, with framed artworks, painting onto garden-furniture, and even painting onto trees.
- d. work as an artist, with the opportunity to earn a living from selling their artworks.
- e. contribute through earnings to the cost of their own healthcare in the HoA (from 2019 under a new law, the Austrian State will pay all costs for citizens who require psychiatric-care).
- f. establish positive working behaviours, high standards of independent art practice, positive social behaviours in all environments, and responsibility for their own creative development.
- g. develop confidence through practice in taking precautionary risks to engage informally with visitors to the Atelier, GG, and MG, and as appropriate, interact with strangers outwith Gugging.
- h. participate in cultural events through exhibiting their art, and to attend vernissages both in Gugging and further afield.
- i. meet informally with collectors, curators, and artists, in connection with their own art practice.
- j. develop confidence to become involved in artistic collaborations with visiting artists.
- k. participate in a regular review of personal artistic progress, with the Director of Gugging, and Director of GG, and to discuss their contribution to Gugging's programme of exhibitions.

15. The Residents have helped to destigmatize mental illness and the art made by people, who live *with* chronic mental illnesses. Living their professional lives, for the most part in public showcases the Residents' successful lives as a role-model to others.

16. The Gugging community has many characteristics of eco-communities, such as:

- I. Operating functional solutions for its Residents' lives.
- II. Centred on the importance of *place* on a human scale.
- III. Its core is the holistic, regenerative processes of *living in art* and *und die Welt*.
- IV. Its site-specific historical factors were the starting point of an ethical regeneration.
- V. Over decades Gugging has *effected* environmental and functional transformations.
- VI. It is an integrated-model of social sustainability.
- VII. Its functioning respects individuality whilst promoting communal solutions.
- VIII. Social sustainability has been key to the transformation of its Residents' lives.
- IX. Numerous re-purposed former Hospital buildings house the ever evolving Gugging project.
- X. All staff from its four infrastructures engage in participatory decision-making and group facilitation.
- XI. Gugging's interiors and exteriors have been developed as healthy built-environments.
- XII. Its location is the health-giving, protected natural environment of the Vienna Woods. Gugging's system has incorporated both traditional and emerging practice, in the re-construction of life for its Residents within sustainable communal lifestyles of holistic healing, to improve their wellbeing, and become part of the social fabric of society.

17. Public access to the Residents, and the Residents' access to the public beyond Gugging's campus are both crucially important for Gugging's two artistic and psychological processes to function holistically and efficaciously. *Living in art* does not only signify creating art, rather it is living the outlook of an artist. *Und die Welt* translates as 'and the world', and this has been in practical terms of Gugging's processes, conveyed through *living in art* activities that take the Residents beyond the HoA across not only psychological but geographical borders in their lives, as artists.

18. Gugging's two processes address both isolation and marginalisation by conferring inclusivity through multiple levels of public access. Gugging is accessed by visitors to

cultural events, educational activities, exhibitions in GG and MG, the Atelier open-studio, and the private-hire of the Birdman House. Access is joint and reflexive for both Residents and the public. Of the three infrastructures that support this, GG can also support Residents beyond the Gugging campus, through its many exhibitions across Austria and the rest of the world.

19. Gugging's two processes also include society itself as a third process; and since any one of these three elements in isolation would not reflect Gugging's activities and aims, Gugging's single process therefore is *living in art*, and *und die Welt*, and *society* combined together and in a two-way channel. Ingress & egress for Residents is according to individual capacity, capability, and choice to participate.

20. The life and work-patterns of Residents can project them individually and collectively into society, according to degrees of artistic success and individual abilities to develop strategies for operating untroubled and healthily, in relevant parts of mainstream society. There are 14 boundaries or *borders* to cross over into zones of extended-experience for Residents to aim for (see DV 17, p.218). These structure space in-between mental illness and mental wellness, space made from culture and Residents' art-process, to successfully access the public. These stretch all the way from their home to exhibitions of their art across the world. From the HoA borders progressively crossed lead into the following public areas:

- I. Art/Brut Centre Gugging
- II. IST Austria student residences
- III. The Chapel of Holy Joseph
- IV. IST Austria main campus.
- V. BILLA supermarket
- VI. The main road, south towards Vienna or north towards Tulln
- VII. Klosterneuburg - 10 km from Gugging
- VIII. Vienna - 20 km from Gugging
- IX. Villages, towns and cities in Austria – from 10 km to 700 km
- X. Bordering countries - Hungary, Slovenia, Italy, Switzerland, Germany, Czechia and Slovakia

- XI. Vienna International Airport, and an international flight – 800 km to 12,000 km
 - XII. Destination *A - Z* abroad - hotel-stay
 - XIII. Destination *A - Z* abroad - tourist-visits
 - XIV. Destination *A - Z* abroad - art exhibition-vernissage
21. The average age of the current 12 Residents (1 female and 11 males) is 56 years and 3 months; with an average residency of living in Gugging as 27 years and 3 months. Residents' totalled-age is 675 years, of which 327 are totalled-years of living in Gugging. The oldest Resident, an 84-year-old male, had lived in Gugging for 67 years, and died in the HoA in April 2019; and the youngest is a 33-year-old male, who has lived there for 7 years. In August 2019, a male aged 17 years arrived to become a new Resident, and the current youngest.
22. Time is a critical factor for Gugging's processes, and the consequent development of Residents' achievements in health and creativity. Duration of residence increases the accumulation of continuous experiential learning through health-providing social collaborations, assimilative activities, and individual creative growth. Residents under Feilacher have been engaged in scheduled art practice of 20 hours weekly for 50 weeks each year over 33 years. Similar amounts of time had been spent art-making under Dr Navratil, with the principal difference being that Residents had the status of patients.
23. The aggregated hours that current Residents have spent art-making range from the lowest estimate of 7000 hours over a period of 7 years; to the highest estimate of 67000 hours over a period of 67 years. That person created art for 34 years as a *patient* under Navratil, and 33 years as a *Resident* under Feilacher.
24. It takes an average of 7000 hours for a Resident's creativity to mature, and to be ready for the opportunity of exhibiting publicly through GG. No pressure is applied on Residents to reach creative maturity in a given timescale, and those whose development is slow, are considered by Feilacher to be valuable and important to the equilibrium of the HoA family. He calls them *balancing artists*.

25. For the Residents to function adequately as artists and maintain their wellbeing this required a sustained programme of exhibitions. From 1969, under Navratil there were 14 years with 44 exhibitions, with an average of 3.1 per annum. Between 1983 and 1985, under both Navratil and Feilacher there were 11 exhibitions with an average of 3.6 exhibitions per annum. Since 1986, under Feilacher's system, there have been 33 years of 394 exhibitions, averaging 11.9 per annum. By June 2019, the total number of exhibitions since 1969 is 449 in venues across Austria, Europe, and the rest of the World.
26. Between 1969 and 2019, Residents' art had been shown in 152 exhibitions in Austria, and 297 exhibitions in 24 other countries. The United States with 57 exhibitions has hosted the largest number outside Europe. Galleries and Museums hosting exhibitions are amongst the most prestigious in the world. These include: in Vienna, the Secession, Belvedere, and Albertina; in Zurich, the KunstHaus; in London, the Hayward Gallery; in Lausanne, La Collection de l'Art Brut; in Los Angeles, the Los Angeles County Museum of Art; in Madrid, the Reina Sofia; in Tokyo, the Setagaya Art Museum; in Brussels, the Palais des Beaux Arts; in Prague, the National Gallery; in Dublin, the Museum of Modern Art; in Helsinki, the Museum of Contemporary Art; and in New York, the Museum of Modern Art. Venues have also included: art schools, castles and historical buildings, national cultural centres, international banks, and medical institutions. Collectively these signify the breadth of public who have viewed Residents' artworks.
27. By 2019, twenty-nine Residents from three generations of the HoA had been exhibited internationally, including nine current Residents.
28. Since 1969, Residents' artworks have been consistently successful in the art market, and have been purchased by major private collections and public galleries across the world.
29. In 1990, as *The Artists of Gugging* the Residents were presented with the Oskar Kokoschka Award for their contribution to international contemporary art. Notable recipients of this award, include the following important artists: Hans Hartung (1981), Gerhard Richter (1985), Agnes Martin (1992), Jannis Kounellis (1994), John

Baldessari (1996), Maria Lassnig (1998), Valie Export (2000), Günther Brus (2004), William Kentridge (2008), Yoko Ono (2012), Andrea Fraser (2016), and Martha Jungwirth (2018).

30. Between 1989 and 1999, Austria suffered censure by the international community, when Kurt Waldheim, ex-Secretary-General of the United Nations, and a suspect of Nazi war-crimes, was elected as President (1989 to 1992); and additionally, over the political rise of Jörg Haider's far-right Freedom Party. During this challenging period for Austria when Waldheim had been banned from entering the United States, the Residents' artworks were exhibited with no protest or controversy, in 184 exhibitions across Austria, Europe, and the rest of the world, including the United States. Exhibitions numbers per year were: 1989 – **9**; 1990 – **14**; 1991 – **19**; 1992 – **14**; 1993 – **11**; 1994 – **6**; 1995 – **17**; 1996 – **21**; 1997 – **17**; 1998 – **28**; 1999 – **28**. Notable cities hosting exhibitions of Residents' art during these years were; Berlin, Basel, New York, Lausanne, Minneapolis, Salzburg, Zürich, Helsinki, Madrid, Tokyo, Los Angeles, Luxembourg, Amsterdam, Paris, Davos, Nishinomiya City, Philadelphia, Brussels, Chicago, Dublin, Florence, Montreal and Vienna.
31. The sustained strength of the Residents' international artistic reputation contrasted with that of their homeland during that period of national-stigma. As a consequence, a very important part of Gugging's process to support its Residents' wellbeing, status, and artistic achievement, through their proactive, aspirational roles to turn personal deficit into social recovery; was able to prevail to wider societal and cultural gain.
32. In September 2019, the two exhibitions *Big Formats* and *Gehirngefühl. ! Brain Feeling!* respectively provided the current selling-prices for Residents' art through GG, and in MG a survey of the artistic developments in Gugging since 1970.
33. In *Big Formats* there were eight artworks for sale, by one 2nd and four 1st generation Residents, one Day Artist, and two invited Art Brut artists. Prices for Residents' artworks were; 1st Generation **€120,000; €99,000; €77,000; and €22,000**; 2nd Generation **€66,000**. Prices for the Day Artist and two invited-artists were, **€14,900**; and **€12,000, €11,000**. In a rough comparison, with the Royal Scottish Academy annual

exhibition of 2019, the highest prices were for large artworks by the senior academicians Eileen Lawrence **£50,000**, and Barbara Rae **£65,000**.

34. In *Gehirngefühl.! Brain Feeling!*, 150 Gugging masterworks were exhibited to showcase three generations of Residents over five decades. These artworks were gathered from private and public collections and presented in eight gallery rooms. The exhibition surveyed the contextual-journey of Residents' creative development from Dubuffet's historical genre of Art Brut through Gugging's own *Art/Brut*, to their becoming a part of mainstream contemporary art today.
35. At the exit from *Gehirngefühl.!*, the wall displayed 358 visitors' comment-cards; a numerical response comparing favourably with feedback-boards of the Belvedere and Albertina in Vienna. 88% of respondents expressed between positive and highly positive reactions to the exhibition, and were supportive or highly supportive of Residents. The remaining 12% reflected between mild disparagement and open reproval. Apart from two highly abusive, pornographic responses, the full range of respondents' feelings and thoughts about *Gehirngefühl.!* were left on display, *and* there was no policy to remove any response that was stigmatizing. Personal statements by visitors, some of whom declared experience of mental illness, bridged in different ways the divide between their own lives and those of the Residents, *and* vice versa. Recurring themes were intuitive feelings of love towards Residents, sensibilities of personal calmness whilst viewing their artworks, and of feeling at home within the environment of *Gehirngefühl.!* Visitors also expressed the desire to create their own art in Gugging, with many drawing onto their comment-cards. The collective of all responses literally sketched a portrait of those visitors themselves, as much as it portrayed the Residents, and Gugging.
36. From 1970, and their first selling-exhibition in Vienna, mental illness and art for Gugging had become a binary-form, albeit with different meaning for Navratil and his talented-patients; and from 1986, for Feilacher and his artist-Residents. This binary-form of Gugging survived through de-institutionalisation, and major changes in psychiatry, pharmacology, social care, community medicine, art therapy, re-definitions of art and the art market. Gugging proved to be flexible and versatile, evolving into a

unique multi-layered system that combined significant elements of these changes in society.

37. Since 1969, Gugging has maintained highly productive and long-lasting partnerships with artists, academics, cultural figures, collectors, gallerists, curators, sponsors, and politicians. This network of professional relationships has been the secure foundation for Gugging's infrastructural growth and the efficiency of its processes within society. An important outcome has been the significant *afterlife* of Residents' art beyond its creation and sale, constituting Gugging's contribution to global culture.
38. Residents have met, inspired and worked with many famous and influential artists from different sectors of culture. Some collaborations, for example, with fashion designer Christopher Kane, actor Klaus Maria Brandauer, writer Gerhard Roth, and musician David Bowie have exposed the Gugging Artists to new audiences.
39. In 1986, when Johann Feilacher became Director of the Centre for Art and Psychotherapy, he possessed two complementary capacities as a self-taught artist and a psychiatrist. Feilacher's vision for Gugging necessitated knowledge and experience in both, in order to conceive his two innovative *artistic and psychological processes*, and to create the four supporting *infrastructures* to deliver them. Crucially, Feilacher is a successful sculptor who, in parallel to working in Gugging, has exhibited in Austria and across the world 35 times, with an average of 1.17 exhibitions per annum. His sculptures primarily consist of large pieces of fallen-trees, which he chainsaws, paints and burns. Some of his finished sculptures are up to 30 metres in length. Each year, Residents attend their summer BBQ in the grounds of Feilacher's own Atelier, where they have seen his outdoor sculptures, and evidence of his artistic methods, materials, and aesthetic. Despite this experience, Residents have not been influenced or conditioned by Feilacher's art practice.
40. It is significant that Feilacher has renovated and restored two large dilapidated buildings to create the foundation for his professional life. One was to establish his Atelier within an entire Castle, (the family seat of a local aristocrat); and the other, which was originally a hospital building, was to become the Art/Brut Centre. These projects reveal a powerful commitment to re-construction and restoration in material

terms, and demonstrate Feilacher's vision, energy, and capacity to plan and deliver over the long-term. These qualities have sustained his regenerative care of the Residents' health and artistic creativity over four decades.

41. Feilacher embodies his vision of Gugging as "an installation, a living installation, and a living installation always changes"; and he represents the therapeutic philosophy of Gugging's artistic and psychological process as "success is the therapy" (Interviews - Feilacher, J. -11/06/16 and 14/06/16).
42. Feilacher relates the social structure of the Residents to that of "a pack of wolves" (Interview - Feilacher, J. - 16/11/17), in terms of their hierarchical system, close family unit, strong group identity, inter-generational group, and their survival together as a family (see DV 12, p.213). Also characteristic of wolves, Residents "celebrate the here and now", and show empathy and compassion towards one another. Residents learn from one another about morals, how to cope with life, how to work, how to manage success and failure, *and* how to have fun; all through respect and familial love for their family unit.
43. Having grown up in the Carinthian Alps, Feilacher is a mountaineer; and as a consequence, has transferable skills of forward planning; navigation; weather safety and precautionary risk; the causes of avalanche, and their avoidance; rescue; first aid; and health and fitness. The Residents have to negotiate many peaks in their recovery-lives to with the help of Feilacher. This is achieved with a symbolic rope-line that connects the Residents to Feilacher, where the whole group can support the weak towards each experiential peak.
44. Behaviours which Feilacher values and has developed in the Residents, and are characteristic of the staff he has recruited are: interaction; social engagement; mutualism; empathy; creativity; self-expression; artistic purpose; participation; creativity; and self-representation.
45. Feilacher has shown strong and decisive leadership, and sustained support for the effective operation of Gugging's multi-disciplinary departments to the benefit of Residents' wellbeing. He has a balanced, and growing team of inter-disciplinary staff,

who are given responsibilities and the opportunity of ownership within his vision, and to experience *becoming more* through becoming part of *Family-Gugging*. His style combines fairness, idealism, *laissez-faire*, pragmatism, forward-looking and longevity.

46. All Gugging staff members are highly efficient within their professional operational responsibilities across the four infrastructures; and they deliver both processes that interface with society, with great consistency and initiative. According to Staff visual prompt sheet-survey results (see DV 24, p.225) the majority of staff perceive their being part of the Gugging system, as “inspired”; “part of a team”; and “Gugging is a special place”. Department heads have remained in post since they helped set up their respective departments, and additionally recorded perceptions of “being part of a team”; “involved”; “part of a vision”; and “a friendly atmosphere”. Less than half of 22 staff had perceptions of being “fulfilled” or “valued”. For Austria, there is a higher than average proportion of female staff with responsibility in Gugging, including all of its department heads. The staff-team is characterised by its diversity of nationality, generation, and professional discipline, with a very low turnover of staff. All staff engagement with Residents consistently showed respect, empathy, and familial-love.
47. Despite their chronic high mental illness, Residents have high mental wellbeing and the resilience to overcome lapses in their wellbeing. They are secure in their Gugging-family status, contented, productive and purposeful. They enjoy expressing their imagination through making art and the subsequent attention it brings from their peers, staff, and many different types of visitor.
48. Residents’ perceptions of Gugging varied considerably, and could change perspective or emphasis, according to fluctuations in mood and wellbeing. This was similar for the Day Artists. Individual conditions and cognitive disabilities necessitated triangulated evidence from other sources to identify patterns of perception. According to Resident and Day Artist visual prompt sheet-survey results (see DVs 21, 22 & 23, pp.222-224) - The majority of the Residents perceived Gugging as a “safe-space”; “the HoA is a home”; “a place to create art”; and “a place to meet people”. The majority felt “happy when visitors came to Gugging”; “happy to make art where others made art”; “respected by visitors”; “self-respect when they created their art”; and “confident and

in control when they made their art”. The majority stated that “Gugging is the best place to be healthy”; and that “making art is good for my health.”

49. Residents can operate in communal spaces and retain their individuality of habit, behaviour and art practice. All Residents show positive morale, confidence in self and creativity, strong focus and concentration when creating art, a friendly disposition, and an individual sense of humour.
50. The art created intuitively by Residents has natural, visual stylistic similarities to the art created across historical world cultures, particularly in the Residents’ use of texture, pattern, rhythm, colour, and the intensified expressiveness within their artworks. There is a lineage of universal mark-making, composition, and the themes of natural forms, objects, animals, and people, which have been used to symbolically convey fundamental understandings of the world by artists from all cultures and eras.
51. Matching the visual characteristics of Residents’ and Day Artists’ art with images of art from textbooks on the history of art, and artefacts in Vienna’s Weltmuseum (museum of ethnography), the V&A, and The British Museum; shows visual connections of individual and composited details, to cave-art, painting, pottery, stained-glass, tapestry, print and sculpture, as follows:
 - Aboriginal Art: recalls the pattern and composition of Alfred, Manuel, Max and Walla
 - Alaskan masks; recall the shapes in art by Erich, Kernbeis, Tschirtner, and Walla
 - Bayeux tapestry; recalls the pattern, texture and composition of Fischer, Garber, Jürgen, Karl, and Walla
 - Byzantine church wall mosaics; recall the motifs and scale of paintings by Garber, and Walla
 - Cave paintings; recall the motifs of Andi, Laila, and Schöpke
 - Christian manuscripts; recall the colour and composition of Alfred, Garber, Karl, Max, and Walla

- Christian stained-glass windows; recall the composition and texture of Erich, Karl, Laila, and Walla
- Durer engravings; recall the texture, tonality and shape of Alfred, Garber, Lenny, and Walla
- Egyptian murals, recall the composition and narrative of Fischer, Jürgen, Karl, Lenny, Tschirtner, and Walla
- Greek vases; recall the composition and patterns of Heinrich, Karl, Max, and Tschirtner
- Hokusai prints; recall the pattern of Alfred, Karl, and Lenny
- Hüber drawings, recall the texture and composition of Karl, and Katharina
- Klee paintings; recall the motifs and texture of Jürgen, and Max
- Maori Art, with its rhythmic asymmetrical pattern and composition; recalls details in art by Alfred, Fischer, Garber, Helmut, and Lenny
- Native American Indian chieftain house; recalls the painted artefacts, patterns in drawings of Garber, Jürgen, Karl, Laila, Lenny, and Walla
- Persian carpets; recall the pattern and texture of Garber, Jürgen, and Walla
- Picasso ceramics; recall the motifs of Andi, Helmut, Kernbeis, and Tschirtner
- Pictish stone carving; recalls the pattern and motifs of Garber, Heinrich, Helmut, Jürgen, and Walla
- Seurat paintings; recall the texture and pattern of Katharina, and Laila
- Van Gogh drawings; recall the texture and pattern of Alfred, Garber, and Lenny

52. The Residents' ideas are stimulated by many different sources, including remembering their experiences, imagining experiences, recalling dreams, remembering stories or films, looking at objects, looking at images in newspapers or books. None of the Residents has been formally educated in art. For those who experienced a school-education, it is likely to have been limited by social difficulties associated with their particular psychological conditions. It is likely that younger Residents may have experienced art therapy as part of their diagnostic-process, in the years before their arrival in the HoA. For the older Residents, under Doctor Navratil until Feilacher became Director in 1986, they will have been shown, and encouraged to take inspiration from art books on the Old Masters. At that stage their art will have been

psychotherapeutic art, which Doctor Navratil classified as *state-bound art* and *not art*, as it has been under Director Feilacher.

Appendix B. Gugging Residents' and Day Artists' visual prompt sheet-survey results

Residents' responses to the visual prompt sheet-survey (VPSS) sections: 1. on art and health; 2a. on the places in Gugging liked by participants; 2b. what type of place Gugging was to them; and finally, 2c. what gave respondents most pleasure in the Atelier (see DVs 20, 21, 22, 23, pp.221-224).

Erich

*Sometimes I feel good when I am creating art in Gugging/I **always** feel happy when visitors come to the Atelier/I think other people are **not often** interested in my art/I **always** know what I am doing when I make my art/Often Gugging is the best place to be healthy/I **sometimes** feel respected when I make my art/I **always** feel happy making art where others make art/I **often** like to be given advice about my art by others/I **always** find that ideas for my art come easily to me/Sometimes I feel a confident person when I create my art/I do **not often** feel healthy when I am creating art in Gugging/I **always** feel respected when visitors come to the Atelier/I **often** feel self-respect when I create my art/I **sometimes** feel that I am in control when I make my art/I do **not often** feel that creating art is good for my health.*

*Sometimes making art makes me feel worse/I do **not often** feel too unwell to make art/I **always** feel pressure on me to be creative/sometimes I feel I have to produce art that others like.*

For VPSS section 1. Resident Erich generally feels that Gugging is a positive environment, where he can gain self-respect and respect by those around him. He always feels happy when visitors come to the Atelier and enjoys making his art in the company of fellow Residents and Day Artists, although he doesn't believe that others are interested in the work he makes. Erich holds that typically he likes to be given advice about his art, but thinks his ideas come freely and has a clear direction. At times he is a confident person but states that he is only occasionally in control of his art. Erich is ambivalent when it comes to whether his art-making contributes to his wellbeing, claiming that he sometimes feels good when he creates art, and that his mental illness rarely prevents him from working. In addition, he perceives Gugging to be the best place to be healthy. In contrast, his selections also indicate that he doesn't often experience good health when doing his work in Gugging, nor does he normally think art-making is good for his wellbeing overall. In fact, Erich acknowledges that at times he actually feels worse when doing art, and always experiences pressure to be creative, sometimes producing art to suit others.

For VPSS section 2a. Erich's selections of the places he likes best in Gugging were, his bedroom; the livingroom; the House of Artists building itself; Museum Gugging; and the surrounding countryside. For 2b. Erich thinks of Gugging as a, workplace; a place to meet people; and a safe space. Finally, his selections on 2c. when asked what gives him most pleasure, Erich responded with, planning his art; creating his art; and being able to look at his art often.

Observational contextualisation note - Erich had been refusing his medication for a number of weeks, without doubt influenced his state of mind whilst completing his VPSS. This could account for the inconsistency in his choices. Erich is a gentle soul, who finds great pleasure meeting new visitors in the Atelier, and building friendly relationships with them. He has frequently written poems about his experience in Gugging and his relationship with me and RA1. In contrast to his more depressive mood at the time of completing the VPSS, I reflect on all prior visits where Erich had spoken to me in a much more positive way about the opportunities Gugging had given him, and when he had a brighter outlook on the connection between his health and art-making.

Helmut

*I **always** feel good when I am creating art in Gugging/I **always** feel happy when visitors come to the Atelier/I **often** think other people are interested in my art/I **often** know what I am doing when I make my art/Gugging is **always** the best place to be healthy/I **always** feel respected when I make my art/I **always** feel happy making art where others make art/I **always** like to be given advice about my art by others/I **often** find that ideas for my art come easily to me/I **always** feel a confident person when I create my art/I **always** feel healthy when I am creating art in Gugging/I **always** feel respected when visitors come to the Atelier/I **often** feel self-respect when I create my art/I **always** feel that I am in control when I make my art/I **always** feel that creating art is good for my health.*

*Making art **never** makes me feel worse/I **never** feel too unwell to make art/I **never** feel pressure on me to be creative/I **never** feel I have to produce art that others like.*

For VPSS section 1. Resident Helmut was shown to be a confident artist who is overwhelmingly optimistic about being in Gugging, always feeling healthy when undertaking his art practice in the Atelier; claiming that art in general is beneficial to

his wellbeing. He endorses Gugging as the definitive place for his wellbeing and greatly appreciates visitors coming to the Atelier. His survey-task choices reveal that he experiences high levels of self-respect and respect by others in the space, and that people are typically interested in the kind of art he makes. He gains much happiness creating art in the presence of others. Helmut is in clear control when conducting his art-making, citing that his ideas tend to realise themselves in his mind easily. Despite this, he always values being given advice by Atelier Guardian staff. Art-making is never detrimental to Helmut's chronic condition, nor does his illness prevent him from being on task. There isn't any pressure for him to be creative or realise art just to please others. Answering VPSS section 2a. the spaces he likes are, the dining room; the House of Artists building itself; the Art/Brut Centre courtyard; the vending machine room; the surrounding landscape; and he asked to have the Atelier added to this list. For 2b. he sees Gugging as, a workplace; art gallery; a safe space; and home. Finally, for 2c. the things that give Helmut most pleasure are, planning his art; creating his art; and finishing off his art.

Observational contextualisation note - this VPSS tool allowed Helmut to articulate in ways that he chooses never to do in speech, as he is reticent and hesitant to speak beyond courteous greetings and well wishes. Additionally, Helmut is the Resident who has the highest creative output for Galerie Gugging in 2019 with 141 artworks.

Jürgen

*I **always** feel good when I am creating art in Gugging/I **always** feel happy when visitors come to the Atelier/I **always** think other people are interested in my art/I **always** know what I am doing when I make my art/Gugging is **always** the best place to be healthy/I **always** feel respected when I make my art/I **always** feel happy making art where others make art/I do **not often** like to be given advice about my art by others/I **sometimes** find that ideas for my art come easily to me/I **often** feel a confident person when I create my art/I **always** feel healthy when I am creating art in Gugging/I **always** feel respected when visitors come to the Atelier/I **often** feel self-respect when I create my art/I **always** feel that I am in control when I make my art/I **often** feel that creating art is good for my health.*

*Making art **never** makes me feel worse/I **never** feel too unwell to make art/I **never** feel pressure on me to be creative/I **never** feel I have to produce art that others like.*

For VPSS section 1. Resident Jürgen expresses a steadfast belief that Gugging is the ideal place to experience high levels of mental health as he does his art, something that engenders a great degree of satisfaction. The populated environment of the Atelier is something that Jürgen finds great comfort in; a space in which he is self-assured and experiences self-appreciation and regard from those around him. Although his creative ideas only occasionally come easily to him, he asserts that he typically doesn't like being offered advice by Atelier Guardian staff. Jürgen reveals that making his art never leads to a worsening of his chronic condition. He is never pressured to be artistically active, and only creates art first and foremost for himself. Jürgen's selections for section 2a. the places he likes most are, his bedroom; the dining room; the House of Artists building itself; the garden area; Gugging grounds; the Art/Brut Centre courtyard; the Birdman House; and the ISTA campus. For 2b. Jürgen sees Gugging as, a workplace; an art gallery; a safe space; a place to meet people; and home. Finally, on 2c. the aspects which give him most pleasure are, planning his art; creating his art; finishing off his art; and selling his art.

Observational contextualisation note - Jürgen is normally a very contented individual when he is working, seemingly lost in his own world whilst drawing or crafting one of his sculptural pieces. However, in an instant he can be very perceptive and respond to what is going on in the Atelier. He is a very open, trusting person and is fascinated by his extreme interest in science fiction and flying vehicles of all shapes and sizes. Occasionally he receives reassurance from Atelier Guardians as they recognise what he is drawing, observing his obsessional tendencies, offering him conversational praise. However, as part of his treatment, staff attempt to broaden the single mindedness of his obsessions because they can cause Jürgen to be overly talkative about them, which in turn can lead to him becoming increasingly excitable. Jürgen struck up a fondness and rapport with RA1. He would be extremely happy when he first saw RA1 during each research visit, and on the last day of a trip, he would anxiously inquire when we were next coming to Gugging.

Lenny

*I **always** feel good when I am creating art in Gugging/I **always** feel happy when visitors come to the Atelier/I **always** think other people are interested in my art/I **sometimes** know what I am doing when I make my art/Gugging is **always** the best place to be healthy/I **always** feel respected when I make my art/I **always** feel happy making art where others make art/I do **not often** like to be given advice about my art by others/I **always** find that ideas for my art come easily to me/I **always** feel a confident person when I create my art/I **always** feel healthy when I am creating art in Gugging/I **always** feel respected when visitors come to the Atelier/I **always** feel self-respect when I create my art/I **always** feel that I am in control when I make my art/I **always** feel that creating art is good for my health.*

*Making art **never** makes me feel worse/Sometimes I feel too unwell to make art/I do **not often** feel pressure on me to be creative/ I do **not often** feel I have to produce art that others like.*

Answering VPSS section 1. Resident Lenny's choices decisively show he sees Gugging as the optimum place for experiencing good health, and that art itself contributes to this feel-good factor. He indicates great happiness and respect when people visit the Atelier; a space in which he enjoys making art amidst others in the environment. Lenny believes that those in the Atelier are responsive to the art he creates. His VPSS results reveal that his artistic ideas flow in abundance and that he feels confident and in control when working; contrastingly the results also show that he is sometimes directionless with his art. However, he doesn't often like hearing advice on what to do. Lenny's choices uncover that art-making never acts as a detrimental factor in his health, although at times his condition prevents him from doing his work. Lenny rarely feels external pressure to be creative; likewise, only very occasionally does he produce art to suit others than himself. For section 2a. Lenny's only selection as to which places he likes best was, the House of Artists. He chose to not answer anything for sections 2b. and 2c., rather he returned to his communal duties in the House of Artists.

Observational contextualisation note - Lenny has an exuberant personality and is full of cheerfulness, sometimes playing practical jokes on visitors. He is easily distracted because of his incessant need to ask the Atelier Guardians questions, or to speak his mind whenever a random thought occurs. He also enjoys testing his English skills when visitors come to the Atelier and loves to beckon them over to his work station

to show them the art he is currently working on. At times his extrovert behaviour can cause frustration and test the patience of Atelier Guardians, who then attempt to lightly guide him back on task.

Manuel

*I **often** feel good when I am creating art in Gugging/I **always** feel happy when visitors come to the Atelier/I **often** think other people are interested in my art/I **always** know what I am doing when I make my art/I **often** think Gugging is the best place to be healthy/I **always** feel respected when I make my art/I **always** feel happy making art where others make art/I **often** like to be given advice about my art by others/I **always** find that ideas for my art come easily to me/I **always** feel a confident person when I create my art/I **often** feel healthy when I am creating art in Gugging/I **always** feel respected when visitors come to the Atelier/I **often** feel self-respect when I create my art/I **always** feel that I am in control when I make my art/I **often** feel that creating art is good for my health.*

*Making art **never** makes me feel worse/I **never** feel too unwell to make art/I **never** feel pressure on me to be creative/I **never** feel I have to produce art that others like.*

Resident Manuel's choices for VPSS section 1. report that typically, art-making in the Atelier makes him feel good, whilst he believes that the general practice of art is conducive to good health. Manuel broadly feels that Gugging is the ideal place to be healthy. The Atelier and its occupied environment of likeminded creative individuals is a place where he invariably experiences satisfaction when making his art. Manuel's creative endeavours normally offer him a sense of respect by the occupants of the Atelier and its visitors. He often likes to be given advice on his art by Atelier Guardians but finds that he can confidently express his ideas easily in a self-directed fashion. Manuel never experiences his condition worsen due to being creative. Moreover, at no time does he feel too ill to do art, nor is any pressure applied when he is working. In addition, Manuel notes that it is never the case that there is a need to fulfil expectations imposed by others on what kind of art he creates. For section 2a. the places Manuel likes best are, his bedroom; the dining room; the livingroom; the garden area; the Gugging grounds; the House of Artists building itself; Galerie Gugging; and he added the Atelier to the list. Responding to 2b. on what he thinks of Gugging as, Manuel selected, a work place; a safe space; a place to meet people; and home. For section 2c. Manuel answered that creating his art gives him the most pleasure in Gugging.

Observational contextualisation note - Manuel is another example of a Resident whose limited desire to socialise reveals little when interacting face to face. Rather, over the years of knowing him, he prefers to only say a few words, mostly limited around ‘hellos’ and ‘goodbyes’. Therefore, the method of employing the VPSS to gauge his experience in Gugging, elicited a more profound understanding to come to the fore. This tool suited Manuel’s personality without an expectation for him to be vocal. Something he chooses not to be. The example of Manuel emphasises how a strategy respectful of the less talkative and shy members of the House of Artists, was adopted to include those Residents in an equal way with the more extroverted.

Max

*I **sometimes** feel good when I am creating art in Gugging/I **sometimes** feel happy when visitors come to the Atelier/I do **not often** think other people are interested in my art/I **often** know what I am doing when I make my art/I **never** think Gugging is the best place to be healthy/I do **not often** feel respected when I make my art/I **sometimes** feel happy making art where others make art/I **never** like to be given advice about my art by others/I find that ideas for my art **often** come easily to me/I **never** feel a confident person when I create my art/I **never** feel healthy when I am creating art in Gugging/I **never** feel respected when visitors come to the Atelier/I **always** feel self-respect when I create my art/I do **not often** feel that I am in control when I make my art/I do **not often** feel that creating art is good for my health.*

*I **always** feel that making art makes me feel worse/Sometimes I feel too unwell to make art/Sometimes I feel pressure on me to be creative/I **always** feel I have to produce art that others like.*

Resident Max selections for VPSS section 1. show a much more downbeat perspective on life in Gugging. He only sometimes feels positive when making art in the Atelier but never feels healthy doing art, and he lacks any confidence in his own practice. Furthermore, he doesn’t think that being in Gugging is the most favourable place for his wellbeing. Max rarely feels respected by others (including visitors) when he makes his art but does experience high levels of self-respect when being creative. He occasionally enjoys the atmosphere of working amongst others in the Atelier and always prefers not to be given any advice from Atelier Guardians; citing that his creative ideas usually come freely. However, Max doesn’t believe that he experiences a sense of control when working. In stark contrast to other Residents, Max’s results report that he always feels his condition worsens due to making art. At times he is too unwell to be creative and frequently experiences pressure doing art. He indicates that

he always has to produce a kind of art that others like. Answering section 2a. Max likes the following places best, his bedroom; the garden area; the House of Artists building itself; he added the garden shower; and Museum Gugging. For section 2b. on what he thinks of Gugging as, Max chose, an art gallery; a place to meet people; and home. Finally, for section 2c. on what gives him most pleasure, he picked, planning his art; and creating his art.

Observational contextualisation note - Max's condition is such that his mood can fluctuate greatly on any given day. He is of course, both frustrated that he has yet to secure a deal with Galerie Gugging after 7 years, and with his experiences of creative block. Max has a variable level of focus in the Atelier and usually needs to take smoking breaks or time-out for a coffee. He enjoys speaking with me and RA1, normally requesting that we sit down together and chat informally about anything and everything.

Katharina

*I **never** feel good when I am creating art in Gugging/I **sometimes** feel happy when visitors come to the Atelier/I **sometimes** think other people are interested in my art/I do **not often** know what I am doing when I make my art/I do **not often** think Gugging is the best place to be healthy/I **sometimes** feel respected when I make my art/I **sometimes** feel happy making art where others make art/I **sometimes** like to be given advice about my art by others/I find that ideas for my art **often** come easily to me/I **often** feel a confident person when I create my art/I do **not often** feel healthy when I am creating art in Gugging/I **often** feel respected when visitors come to the Atelier/I **sometimes** feel self-respect when I create my art/I do **not often** feel that I am in control when I make my art/I feel that creating art is good for my health – **she did not answer this.***

***Often** making art makes me feel worse/**Sometimes** I feel too unwell to make art/I **often** feel pressure on me to be creative/I **never** feel I have to produce art that others like.*

Resident Katharina's VPSS section 1. choices evidence a mixed response. She doesn't typically believe that Gugging is the best place for her to be healthy, and states that she never feels good creating art in the Atelier. Indeed, Katharina's results show that she often experiences a worsening of her condition as she makes her art. Results also reveal a lack of creative control, and a sense of being too unwell to work on her art. In addition, she indicated that there was pressure on her to be creative. On a more optimistic note, the VPSS reports Katharina experiences happiness at times when

visitors are in the Atelier, interest on her art from others, and a degree of respect in the shared art-making environment. Occasionally she experiences contentedness being with her fellow artists in the Atelier. And despite a general feeling of low mood, Katharina's VPSS selections also demonstrate feelings of confidence, self-respect and a steady flow of creative ideas when doing art. She does acknowledge an appreciation of receiving artistic advice from Atelier Guardians but only to a limited degree. Katharina did not answer the question of whether art in general is good for her health. Myself and RA2 were unsuccessful in administering sections 2a., 2b. and 2c. of the VPSS for Katharina, as she was too unwell and unable to focus.

Observational contextualisation note - Katharina, like Resident Erich, was going through a period of great difficulty and uncertainty, which coincided with her participation in the VPSS. As was the case with Erich, she had been refusing to take her medication for a number of weeks prior to engaging in filling in the form. I had observed behavioural differences in her. A few Residents and Day Artists had also spoken to me of their concerns for her health. Despite a visible change in her demeanour, and being far more reserved and closed, Katharina was determined to take part in the VPSS, standing patiently nearby for almost 10 minutes as RA2 and myself worked through a VPSS with another Resident in the House of Artists. Because both RA1 and myself have observed and interacted with Katharina over a number of years, I steadfastly believe that her drastic change in mood and worsening of her mental condition greatly affected the outcome of her VPSS choices, making them more downbeat and negative.

Heinrich

*I **often** feel good when I am creating art in Gugging/I **always** feel happy when visitors come to the Atelier/I **always** think other people are interested in my art/I **sometimes** know what I am doing when I make my art/Gugging is **always** the best place to be healthy/I **always** feel respected when I make my art/I **always** feel happy making art where others make art/I **always** like to be given advice about my art by others/I find that ideas for my art do **not often** come easily to me/I **often** feel a confident person when I create my art/I **sometimes** feel healthy when I am creating art in Gugging/I **often** feel respected when visitors come to the Atelier/I **always** feel self-respect when I create my art/I **always** feel that I am in control when I make my art/I **often** feel that creating art is good for my health.*

*Making art **never** makes me feel worse/I **never** feel too unwell to make art/I **sometimes** feel pressure on me to be creative/I **often** feel I have to produce art that others like.*

Resident Heinrich selections for VPSS section 1. reflect Gugging as the best place for his health and show that he usually feels positive creating art, but only occasionally experiences good health when doing it; although he does believe that art-making in general is good for his overall health. He enjoys visitors coming to his place of work and believes that they are typically respectful and are interested in what he is doing. Moreover, Heinrich experiences self-respect when art-making and gains satisfaction being in a space of co-working; and always feels well regarded by his fellow Residents. The VPSS results show that he doesn't often find his ideas come easily and thus he always likes others to give him artistic advice (in his case, Nina Katschnig or another member of Galerie Gugging staff). However, Heinrich shows that he is always in control doing his art and that it never makes him feel in a worse state of mental health. In addition, being unwell never prevents him from attending to his work. In contrast, Heinrich notes there is sometimes creative pressure around him and feels he has to produce art that others like. Heinrich was unable to focus for sections 2a., 2b. and 2c. and therefore couldn't participate.

Observational contextualisation note - Heinrich is a very modest, timid and deferring person. He is very quiet and never speaks unless saying the occasional formal greeting of Grüss Gott (God bless you) when he enters his working space of Galerie Gugging Director Nina Katschnig's office. He and Resident Günther choose to create their art solely in this space, rather than the busier, comparatively noisier environment of the Atelier. Heinrich is the oldest serving Resident in Gugging and makes very careful, slow, and deliberate motions when art-making. For his creative routine, he requires a staff member to give him a gentle verbal start and reassure him by prompting him to choose what colour to use or what kind of shape to draw when he struggles with decision making. Heinrich is yet another example of a Resident, whose *voice* greatly benefitted from coming through the VPSS, without which, his impenetrable presence of silence wouldn't allow a true gauge of his opinions on art and health.

Andi

*I **often** feel good when I am creating art in Gugging/I **always** feel happy when visitors come to the Atelier/I **often** think other people are interested in my art/I **often** know what I am doing when I make my art/Gugging is **always** the best place to be healthy/I **always** feel respected when I make my art/I **often** feel happy making art where others make art/I **often** like to be given advice about my art by others/I **always** find that ideas for my art come easily to me/I **always** feel a confident person when I create my art/I **often** feel healthy when I am creating art in Gugging/I **often** feel respected when visitors come to the Atelier/I **always** feel self-respect when I create my art/I **always** feel that I am in control when I make my art/I **sometimes** feel that creating art is good for my health.*

***Sometimes** making art makes me feel worse/I **never** feel too unwell to make art/**Sometimes** I feel pressure on me to be creative/I **never** feel I have to produce art that others like.*

Resident Andi's VPSS section 1. presents Gugging as primarily the ideal place for his health, where he routinely feels positive and healthy whilst creating his art; although, he does experience episodes of his condition worsening when doing art. It is also the case that he only sometimes thinks art is good for his wellbeing. Andi often receives respect from visitors to the Atelier and always feels valued and has a high degree of self-respect when he is being creative. Andi frequently finds the Atelier to be a satisfying place to work amidst his peers. The VPSS response shows that he usually has confidence and a clear self-direction, being fully in control, with his ideas constantly coming freely whilst making art. In spite of this, he typically enjoys receiving advice from others. His results also report that he never feels too unwell to be creative, although it is noted that pressure exists at times for him to make art. However, Andi's selections affirm that he never has to produce art which others like. Andi was unable to focus for sections 2a., 2b. and 2c. and therefore couldn't participate.

Observational contextualisation note - Andi is a very vocal, friendly individual who often seeks verbal social reassurance from staff through his repeated greetings with them. He also gains great satisfaction from his need to repeatedly handshake with fellow Residents, Day Artists and visitors, often with the same people throughout the day. Andi is an example of a VPSS participant, who required RA2 to guide him through each stage by reading the questions aloud. RA2 had the impression that Andi was simply agreeing with the first option of each question, and then saying the

affirmative to the next option. Andi's condition is such that he is easily distracted and cannot have a conversation with anybody due to his clearly apparent learning disability. However, with perseverance, Andi did complete section 1. of the VPSS with significant guidance from RA2 and his results chimed with my observational knowledge of him over several years visiting Gugging.

Karl

I sometimes feel good when I am creating art in Gugging/I sometimes feel happy when visitors come to the Atelier. **Karl could not focus on completing the rest of the survey-task. Instead, he did a drawing on the VPSS.**

Resident Karl's VPSS was only able to glean a very minor insight into his opinion of art and health. The only two selections he made on the section 1. sheet was that he sometimes feels good making art and is occasionally happy when visitors come to the Atelier. Karl wasn't capable of focusing on the task at hand, and quickly became too preoccupied, as he started to create a piece of art on the back of section 1. This in turn meant he was also unable to focus on the VPSS overall.

Observational contextualisation note - Knowing Karl's personality and character, the formal measure of the VPSS method was simply not applicable to Karl's difficulties in communication. However, both RA2 and I were keen to attempt to involve him alongside similar Residents, such as Garber and Günther whose chronic conditions never allow them to converse intelligibly with those around them. I suspected that these three Residents would not be able to participate because of this. It became quickly apparent that Johann Garber did not understand what was being asked of him and was keen to get back to his routine in the House of Artists. Günther is always mentally preoccupied, flitting from moment-to-moment, according to his own thoughts and was therefore unapproachable. And of course, Karl normally tries to engage any visitor, including myself and both Research Assistants, by attempting to sell us his art. In addition to this, Karl finds immense satisfaction and humour showing visitors the details of the composition he is currently working on in his art. I believe the fact he would rather do a small drawing on the back of section 1. of the VPSS is evidence of a valid response, staying true to Karl's natural tendencies and consistency of his workman-like creative behaviours. It is also evidence of how closely Karl is identified as an artist. He is perhaps the only Resident in Gugging who lives and

breathes his art 24/7, always taking his art with him back and forth to the Atelier, clutching it close, like precious treasure. It is his life-blood and raison d'être.

Day Artists' responses to visual prompt sheet-survey of art and health:

Alexander

*I **often** feel good when I am creating art in Gugging/I **sometimes** feel happy when visitors come to the Atelier/I **sometimes** think other people are interested in my art/I **often** know what I am doing when I make my art/Gugging is **always** the best place to be healthy/I **always** feel respected when I make my art/I **often** feel happy making art where others make art/I **often** like to be given advice about my art by others/I **sometimes** find that ideas for my art come easily to me/I **always** feel a confident person when I create my art/I **always** feel healthy when I am creating art in Gugging/I **sometimes** feel respected when visitors come to the Atelier/I **always** feel self-respect when I create my art/I **always** feel that I am in control when I make my art/I **always** feel that creating art is good for my health.*

***Sometimes** making art makes me feel worse/I **sometimes** feel too unwell to make art/I **don't often** feel pressure on me to be creative/I **sometimes** feel I have to produce art that others like.*

As reported by VPSS section 1. Day Artist Alexander believes that Gugging is always the best place for his health, usually feeling good, always being confident and in control when making his art in the Atelier. He believes art always contributes positively to his overall health. Contrastingly, Alexander's selections also reveal that art-making causes him to feel worse at times and that being unwell can prevent his attempts to be creative. However, art normally affords him self-respect. In addition, the VPSS results show that he normally gains respect from those around him in the Atelier, although this is only occasionally the case with visitors. He is happy to be in the Atelier amongst his artistic peers and doesn't often feel pressure on him to be creative, but Alexander notes that sometimes his art takes a direction to please others. To a degree, Alexander finds that his creative ideas come easily but he typically enjoys being offered advice by others. Answering 2a. on the places he likes best, Alexander chose, the garden area; Museum Gugging; and the Atelier. For 2b. on what he thinks of Gugging as, his selections were, a work place; and a safe space. Finally, in response to 2c. on what gives him most pleasure, he selected, creating his art.

Observational contextualisation note - Alexander has spoken with me of his frustration of not being a Galerie Gugging Artist, something he very much strives to accomplish.

He works in the Atelier 3 days a week every week and is therefore a semi-permanent fixture in the space. Alexander feels ownership and is very protective of the Atelier. Being a highly perceptive individual, he is sometimes critical of visitors and Residents, often detailing aspects which he believes could be improved. This is ironic given that he himself is a visitor to Gugging - being a Day Artist and not a Resident. It is important to note that the Atelier first and foremost, serves the lives and wellbeing of the Residents; anyone else in the place fits in with the concept of bringing *und die Welt* into the Residents' working routine. However, it can be argued that Alexander is indeed unique in that he is the only Day Artist who has a formally agreed health contract with Gugging, which allows him to eat lunch with the Residents in the House of Artists. This affords him a closeness that enables insights into the relationships of the Residents and to a limited extent, their structures in the House of Artists. His openness and trust with myself and RA1 typified his desire to share his critique of Gugging. It could be to a degree, his perspective is partly contextualised by the lack of attention Galerie Gugging has shown towards his art.

Christa

*I **always** feel good when I am creating art in Gugging/I **sometimes** feel happy when visitors come to the Atelier/I **sometimes** think other people are interested in my art/I **often** know what I am doing when I make my art/Gugging is **always** the best place to be healthy/I **always** feel respected when I make my art/I **always** feel happy making art where others make art/I **sometimes** like to be given advice about my art by others/I **often** find that ideas for my art come easily to me/I **often** feel a confident person when I create my art/I **often** feel healthy when I am creating art in Gugging/I **always** feel respected when visitors come to the Atelier/I **always** feel self-respect when I create my art/I **sometimes** feel that I am in control when I make my art/I **always** feel that creating art is good for my health.*

*Making art **never** makes me feel worse/I **never** feel too unwell to make art/ I **never** feel pressure on me to be creative/I **never** feel I have to produce art that others like.*

Day Artist Christa's VPSS section 1. choices reveal a generally positive perspective on art and health in the Atelier. Her selections show a person who always feels good and is often healthy creating art in Gugging, and that the place itself is the best environment for her wellbeing. Furthermore, she observes that the task of art-making is largely beneficial to her health. Christa normally experiences self-respect during art-making and finds that she is typically respected by those around her and by visitors to

the Atelier. However, it is only at times, she feels that other people in the environment show interest in her art. Christa enjoys being in the Atelier with her artistic colleagues and is often confident in what she is doing. But in connection to this, it is found that she doesn't always feel in control of her creative endeavours, indicating a preference for sometimes being given creative advice by others. Christa never feels too unwell to make art and likewise never believes that doing it causes her to feel worse. In addition, she does not feel there is any pressure on her artistically, nor pressure to produce work which others like. Answering section 2a. Christa likes the following places best, the garden area; the surrounding landscape; and the Atelier. Responding to section 2b. on what she thinks of Gugging as, she noted, home; Finally, for 2c. the thing that gives her most pleasure was, creating her art.

Observational contextualisation note - Christa is a very observant individual who enjoys joining in conversations with those around her. She likes to speak with visitors to the Atelier about her art. She asks them direct questions, although she doesn't often speak for long periods herself. Christa comes to Gugging twice a week and has an amicable relationship with all in the Atelier. She is extremely focused on her art and keeps herself to herself, typically so when working. Christa is one of the few Day Artists who has become a Galerie Gugging Artist (a development which occurred during my time visiting Gugging). This has increased her confidence in her art considerably, given she is characteristically a very modest person. She was always happy to be part of my research, never being too busy for an interview or artistic collaboration. It is also noteworthy that she was the sole occupant of the Atelier who adamantly, and repeatedly declared to me that she was the only person in the Atelier who was not mentally ill. Despite this, anyone who comes as a Day Artist to Gugging on a regular or semi-regular basis has mental illness, with the capability of living independently with support.

Hannes

*I **often** feel good when I am creating art in Gugging/I **always** feel happy when visitors come to the Atelier/I **sometimes** think other people are interested in my art/I **always** know what I am doing when I make my art/Gugging is **sometimes** the best place to be healthy/I **don't often** feel respected when I make my art/I **often** feel happy making art where others make art/I **don't often** like to be given advice about my art by others/I **always** find that ideas for my art come easily to me/I **sometimes** feel a confident person when I create my art/I*

don't often feel healthy when I am creating art in Gugging/I often feel respected when visitors come to the Atelier/I sometimes feel self-respect when I create my art/I sometimes feel that I am in control when I make my art/I sometimes feel that creating art is good for my health.

Making art never makes me feel worse/I don't often feel too unwell to make art/I never feel pressure on me to be creative/I never feel I have to produce art that others like.

Day Artist Hannes showed through VPSS section 1. that he only sometimes believes Gugging to be the best place for his health. Although he often enjoys making art in the Atelier, he doesn't usually experience good health and only occasionally experiences self-respect. Moreover, it isn't the case that Hannes normally feels respected when art-making. However, he typically feels well regarded by visitors and is very satisfied when they come to the Atelier. Hannes reports that creative ideas flow readily and that he knows what he is doing; but in a contrary selection he notes that it is only at times he experiences control doing art. The VPSS reveals him to only occasionally be a confident person when doing his work. In addition, he doesn't typically like being given advice on art. Hannes responds that art-making never makes him actually feel worse, and rarely do instances of unwellness prevent him from being creative. Furthermore, he doesn't believe that artistic pressure is present or that he has to produce a kind of art to suit others. For section 2a. Hannes responded to the places he likes best as, the IST Austria campus; the Gugging grounds; and Museum Gugging. Answering section 2b. on what he thinks of Gugging as, he responded, a safe space; and home. Finally, for 2c. on what gives him most pleasure, he noted, creating his art.

Observational contextualisation note - Hannes only comes to the Atelier for two half days each week. He is a very modest and shy individual. In the years that I have been visiting Gugging, I have never witnessed him doing any art in the Atelier. Instead, he has been observed on many occasions socialising with Residents and Day Artists over a game of chess, in which he is highly respected as being very proficient, defeating everyone he plays, apart from his friend Leopold. Since Hannes never created art in the space, I initially thought he was one of the nurses from the House of Artists. I visited a joint exhibition of his art in Vienna, upon which I finally saw the type of art he enjoys making. His drawings are very satirical, sexualised cartoons. Hannes told me that he is sometimes reprimanded by the Guardians when he attempts to draw his

subject matter in the Atelier. Hannes' joint exhibition also featured two other Day Artists (Including Alexander) and was set up privately with no connection to Gugging.

Leopold

*I **often** feel good when I am creating art in Gugging/I **never** feel happy when visitors come to the Atelier/I **often** think other people are interested in my art/I **always** know what I am doing when I make my art/Gugging is **sometimes** the best place to be healthy/I **always** feel respected when I make my art/I **always** feel happy making art where others make art/I **never** like to be given advice about my art by others/I **sometimes** find that ideas for my art come easily to me/I **always** feel a confident person when I create my art/I **always** feel healthy when I am creating art in Gugging/I **always** feel respected when visitors come to the Atelier/I **always** feel self-respect when I create my art/I **always** feel that I am in control when I make my art/I **sometimes** feel that creating art is good for my health.*

*Making art **never** makes me feel worse/I **don't often** feel too unwell to make art/I **don't often** feel pressure on me to be creative/I **never** feel I have to produce art that others like.*

Day Artist Leopold's VPSS section 1. reports that he typically feels good and always healthy and confident when creating art in Gugging. However, he only sometimes believes that Gugging is the best place for his health overall. He finds that art-making in general is at times positive for his mental health. Leopold's selection shows he normally experiences self-respect doing his work and respect from others in the Atelier, including visitors. Although he never feels happy when people visit, Leopold enjoys the shared art-making space, noting that it is often the case that visitors are interested in what he is doing. Despite typically knowing the direction of his art, only occasionally do ideas come easily for Leopold; though he is always in control of his art and never likes being offered advice. Creating his art never makes him feel worse. Likewise, he doesn't ever experience a need to produce art for others. Leopold is rarely too unwell to conduct his work and only very occasionally finds there exists pressure on him to be creative. For section 2a. Leopold answered that his favourite places are, the surrounding landscape; and Galerie Gugging. Responding to section 2b. on what he thinks of Gugging as, he chose, a work place; an art gallery; and a place to meet people. Finally, on 2c. his response to what gives him most pleasure was, creating his art; finishing off his art; and selling his art.

Observational contextualisation note - Although a long-term attendee in the Atelier, Leopold is a relatively recent Galerie Gugging star, having his work acquired by MoMA in New York for their contemporary art collection. In addition, he has been exhibited abroad, including the Ricco Maresca Gallery in New York. He is a very quiet, modest person who speaks very little, and Leopold is extremely flattered whenever RA1 or myself praise him on his successes in Galerie Gugging and further afield. He frequently agreed to being photographed in the Atelier alongside his art. It was also the case that he was happy and content whenever RA1 asked to draw a portrait of him as he worked. He is an extremely focused person in the Atelier although he usually only comes just one day a week and typically leaves before lunchtime. There may be a correlation between Leopold's attendance and the comfort levels he experiences when visitors come. As such, I believe he chooses only a limited period of time in the Atelier; I'm sure the Atelier Guardians would allocate more time and a permanent workspace if Leopold desired, because he is an emerging Galerie Gugging Artist of renown.

Lejo

*I **always** feel good when I am creating art in Gugging/I feel happy when visitors come to the Atelier/I **always** think other people are interested in my art/I **always** know what I am doing when I make my art/Gugging is **sometimes** the best place to be healthy/I **always** feel respected when I make my art/I **always** feel happy making art where others make art/I **never** like to be given advice about my art by others/I **always** find that ideas for my art come easily to me/I **always** feel a confident person when I create my art/I **always** feel healthy when I am creating art in Gugging/I **always** feel respected when visitors come to the Atelier/I **always** feel self-respect when I create my art/I **always** feel that I am in control when I make my art/I **always** feel that creating art is good for my health.*

***Sometimes** making art makes me feel worse/I **never** feel too unwell to make art/**Sometimes** I feel pressure on me to be creative/I **never** feel I have to produce art that others like.*

Galerie Gugging Artist Lejo VPSS choices reflect his status as an artist who never creates art in the Atelier and therefore he appropriately only answered the questions which were contextually applicable as an artist who works outwith Gugging, since he is not a Resident or Day Artist. Despite this, he did respond to the questions of how he feels creating art for Gugging for VPSS section 1. stating that he always feels good

and healthy (to rationalise this, it may be the case that he finds enjoyment bringing his finished art to Galerie Gugging for display during exhibitions). Lejo notes that people are typically interested in his work and that he normally feels respected by others; in addition, he always experiences self-respect when being creative. As an artist (who works in a studio space in his apartment in Vienna) he is very confident and in control, with ideas naturally coming to him, and reports a high degree of overall wellbeing when art-making. Lejo never believes he has to produce art that others like. Because he works as a carer who drives one of the non-residential Gugging Artists several times a week to the Atelier, Lejo has the opportunity to meet visitors such as RA1 and myself in the Atelier. Although his presence in the space is limited and brief, he finds that he always perceives a respectful atmosphere towards him in the space. He is extremely grateful for the opportunity Gugging has given him. Lejo chose not to participate in sections 2a., 2b. and 2c. as he did not believe it contextually relevant for his situation.

Observational contextualisation note - Lejo was the only VPSS participant who is neither a Resident nor a Day Artist, but is a Galerie Gugging Artist, having been represented in Galerie Gugging exhibitions over the past five years. Lejo is a self-taught artist. His initial connection to Gugging was through his work as a private hire taxi driver. In 2019, Lejo's art was included in the Galerie Gugging twenty-fifth anniversary exhibition. He is also unique in that he is not mentally ill.

Appendix C. Gugging staff visual prompt sheet-survey results

Gugging staff received a specifically designed visual prompt sheet-survey (VPSS) which was different to those delivered to Residents and Day Artists. Staff VPSS was in the style of a word bank that gauged how individual staff members felt working in Gugging (see DV 24, p.225).

All the staff I approached to take part in the VPSS chose to participate. This meant a score of twenty-two staff responded. Four Heads of Department were included in the overall pool of: two Atelier Guardians; two nurses in the House of Artists; seven Galerie Gugging staff; six Museum Gugging staff; one janitorial staff; two Art/Brut Centre Project staff; one Gugging shop staff; and one security staff. The Heads of Departments had a consensus on Gugging as being ‘a special place’ with a ‘friendly atmosphere’, feeling ‘inspired’ in their role, and ‘part of a team’. One Galerie Gugging staff member, and two Heads of Department chose every selection on the word bank; whereas, the other two Heads of Department felt they were not ‘valued’ or ‘fulfilled’ as employees. To explore this further, it is interesting to note that despite spending twenty-eight years in service, one such Head of Department Parucki (Art Education) did not feel ‘valued’, ‘useful’, ‘involved’, ‘fulfilled’, ‘welcome’, nor did she think of Gugging as ‘home’. Parucki reported that she felt ‘part of something’ but not ‘part of a vision’. However, of contextual relevance, and perhaps to explain these choices, it is important to say that in her earlier years she worked more closely with the Residents before Gugging’s infrastructure expanded to include a new role for her in Museum Gugging; which because of its very location in the Art/Brut Centre, meant far less interaction with Residents. The purpose of Museum Gugging is more concerned with the process of *und die Welt* rather than nested in the daily routines of Residents and the process of *living in art*; as in the Atelier, Galerie Gugging and the House of Artists.

More broadly, of twenty-two staff, only two did not feel Gugging was ‘a special place’. The vast majority (15 out of 22) of staff identified with feeling ‘part of a team’. These two results show that Gugging as an infrastructure and workplace resonates strongly with workers. As evidenced through the high result (15 out of 22) for being ‘inspired’, it seems to be the case that Gugging’s innovative system, towards the collective wellbeing of Residents, socially, artistically, and financially, is recognised

by staff as a reward in itself. In contrast, there were lower numbers for employees feeling ‘valued’ and ‘consulted’ (both being 11 out of 22), with even fewer (9 out of 22) selecting being ‘fulfilled’ in their role. This suggests that there exists a problem within the staff base of a lack of appreciation for what they do, perhaps within departments *and* from the top. This in turn suggests an issue with contentment in professional roles and overall personal allegiance to Feilacher’s vision. The aforementioned relatively high number of choices of being ‘part of a team’, can be compared with over half of respondents (13 out of 22) identifying with being ‘part of a vision’; in addition to just half of staff pooled (11 out of 22) having selected that they were ‘part of something’. This unveils a complex variable factor of employees’ relationship to the evolving *living installation* of Gugging, which has developed under Feilacher’s tenure over decades, expanding the 2 processes of *living in art* and *und die Welt*. The Director is a person with great conviction, strong vision and the proven pragmatic ability to steer Gugging away from Navratil’s era, and forge a bold new identity of *place*. This perhaps contributes to why the majority of staff feel they are not co-drivers of the vision. Rather, I believe staff are co-facilitators implementing Feilacher’s vision on a day-to-day, weekly, monthly, and yearly basis.

Another remarkable aspect of the VPSS detailed a considerable discrepancy between the two Atelier Guardians who participated. Schnekenburger selected all fourteen choices in stark contrast to Kaiserova who only picked two, being ‘a special place’, and ‘part of a vision’. Schnekenburger is the head of department with twelve years of service in comparison to Kaiserova’s three years. As I indicated in Chapter 5. (Reflections on Practice: Analysis of Gugging), it appeared that the VPSS results showed that employee longevity in their role doesn’t always mean an overly positive response or a more negative response. However, in this case, with the two Atelier Guardians, the gulf between the years of experience and positive/negative indicators lean more towards Schnekenburger’s long-term position as accruing a deeply embedded affinity towards Gugging as a place, and all the professional structures within. Kaiserova on the other hand revealed a considerable lack of identification with her involvement in Gugging, despite believing the place to be *exceptional*, and having been afforded a key role within the vision. I think that individual personality and distinct difference in approach to the same job in Gugging also contribute a great deal to the imbalance of feelings between the two Atelier Guardians. Schnekenburger was

of course one of the first Atelier Guardians, who shared the Atelier over many years with all other subsequent Guardians. Therefore, it can be argued that she set and developed the role of Atelier Guardian. Interestingly, the situation in the Atelier over the past three years has been that Schnekenburger's role has been reduced to two days a week, as she desired to have more time to focus on her art practice to develop her career through increased output and more exhibitions. Currently, Kaiserova and Piry (who did not participate in the VPSS) share the bulk of responsibility and work in the Atelier. Over her first one and a half years, Kaiserova's work timetable was more intermittent, and on an ad hoc basis, requiring her to fill for other Guardians in as needed. For further contextualisation, individual professional background could be said to influence VPSS choices - Schnekenburger came from a social work training background, whereas Kaiserova had training as an art therapist. Because the Atelier is not art therapy, it would be logical to assume that for Kaiserova, leaving the aims of art therapy behind would be a substantial transitional step to work effectively in the role of Atelier Guardian. The Atelier is real life social engagement as a form of therapy, and therefore Schnekenburger's past training would have been indispensable within this social process.

In addition to the staff VPSS word bank, I designed a targeted VPSS for the four Atelier Guardian staff, which canvassed their perceptions of their professional responsibilities in the Atelier (see DV 26, p.227). Kaiserova's choices reveal that she was the only member of the Atelier staff who does not reassure Residents to make their own artistic choices; does not praise their creative progress; does not encourage Residents to be sociable, enjoy humour, or to be part of a communal group; and perhaps the greatest omission, most surprisingly of all is that she does not monitor the Residents' health. On this VPSS there was a large degree of variation with only six out of the twenty-two VPSS statements being agreed upon by all four staff. The consensus points were: for treating Residents as individuals with unique needs; to work with other Atelier Guardians to make the Atelier a healthy space; to monitor social interaction and the impact of visitors on Residents; and, to assist with technical expertise on materials. In contrast, there was a consensus to: not intervene or guide Residents' artistic choices or creative decisions; and to not intervene in any Residents' arrangements of materials and equipment in their working space. Schnekenburger's VPSS results show that she: gives advice to Residents if they are struggling based on

their artistic style; encourages Residents to interact socially with visitors; and, assists Residents to organise their portfolio of work. Each of these selections was also chosen by Laven who is the most recent Atelier Guardian (of two months). Laven's background as a practitioner in therapeutic art and art therapy led to her first experience in the Atelier, as part of her annual placement of professional practice. In the VPSS, Laven was the only Atelier Guardian to say that she considers herself a friend of the Residents. I strongly believe this to be indicative of her limited time in the role, suggesting that the appropriate professional distance between herself and Residents has yet to be determined and ingrained in her professional mindset.

It is significant to reiterate that unlike Reese, who was the co-founder of the Atelier and its first Guardian, none of the four current Atelier Guardians is a full-time member of staff, with their working days ranging from one day a week at times for some, to three days per week for others. What hasn't been assessed is the extent to which this non-full time, impermanence of individual staff presence affects Residents psychologically, and in what ways. My experiences of living with mental illness mean that I understand the Residents' desire and need to seek reassurance from those around them. The coming and going, and the shifts in the changing of staffing, and their professional routines over recent years in the Atelier, suggest that this has been something Residents have had to adapt to over a period of time. My observation of Atelier Guardians' differences in style and approach towards Residents, as they interact with them in liminal space, reveals that their role thrives on, and indeed, necessitates flexibility and individuality; whilst also adhering to certain standards of process and conduct. The Atelier benefits from such tailored personalities rather than a reliance on one definitive professional-style.

Three of the staff members responded that they are inspired creatively by the Residents' art. The only individual who did not feel this was Laven, which corresponded to her not being a professionally active artist. Piry was the only Atelier Guardian who reported that she does not assist Residents to access source material for their artistic-process. This, coupled with her choice to not give advice (as was the case with Kaiserova) to Residents when they are struggling creatively, would seem to indicate a reticence to become too close to the actual art-making in the Atelier. Piry is a very contemplative and highly reflective individual, to a much greater degree, than

the three others who have the capacity to display and sustain a more relaxed, informal persona. Although both are very professional and adept at supervising the Atelier environment with care, Kaiserova and Piry share a more private presence in the space and a more guarded relationship to Residents and Day Artists. This chimes with my observations of them over years, and is supported by their VPSS selections. In contrast to Schnekenburger's more encompassing approach, neither Kaiserova nor Piry encourages Residents to interact with visitors, which is of course, counter to one of the most crucial aspects of *und die Welt* in action. In comparison to Schnekenburger, who positively selected 19 out of 22 VPSS statements, and Laven who chose 18 out of 22, Piry only selected 13 out of 22, whilst Kaiserova only 9 out of 22. This high contrast between the 2 groups is very telling, when considering all of the previously observed differences in style, approach and understanding of the Atelier Guardian's responsibilities and role. The staff in the Atelier have a singular role in the greater scheme of Gugging. Other departments, such as Galerie Gugging, Museum Gugging, and the ABC Project all have variable staff functions with different responsibilities. The only other department similar to the Atelier is the House of Artists, where nurse-carers have a unified role akin to the Atelier Guardians. The Atelier itself is the only department whose operations occur in a single room, where oversight and management can take place more readily within its design of an open-plan environment.

Appendix D. Further details of methodology, methods, RA1's role, interviewee list, arts-based assistive-approaches, data gathering equipment, & Falling UP experts' contribution

Mixed methods of qualitative, quantitative-style, and arts-based methods were deployed in the field, providing a flexible toolkit of practises of *complementary* potential:

Art collaboration (Kester, 2013)

Autoethnography and duoethnography (Denzin, 2014)

Contribution by specialists within research (Sameshima & Vandermause, 2009)

Dad (RA1) as *method* (Mackenna, 2016)

Interviewing experts (Bogner, Littig & Menz, 2009)

Fictive-based reality object (Jones, 2013)

Interview based on artefact (Roswell, 2011)

Mixed methods research (Poth, 2018)

Object as perception (Csordas, 1990)

Participatory research (Aldridge, 2016)

Participation as artist/patient researcher (Gravestock, 2010)

Photo-diary (Allen, 2011)

Photography/collage to describe experience (Harvey, Wilkinson, Pressé, Joobar & Grizenko, 2012)

Public intervention (Kester, 2013)

Reflective engagement amongst others (Desjarlais, 2003)

Scales (de Vaus, 2014)

Sensory ethnography (Pink, 2015)

Photographic-typology (İncirlioğlu, 1994)

Walking with others (Ingold, Vergunst, 2008).

Falling UP collaborative outcomes using art-based methods ranged from *transcript as artefact to creative performance*:

- Audio-recorded reflexive interview, conversations, and discussions
- Transcript as artefact
- Fictive reality (expressed visually, textually, aurally) by postcard, comic book, Christmas card, handbill, data projection, painting, and soundscape
- Video-art performance with actor
- Soundscape that amalgamated spoken-narratives of recovery
- Painting and drawing
- Face & body painting, *creative performance* in boundary-breaking activity with psychiatrist, that dissolved pre-assigned roles
- Promotional materials - poster, flyer, invitation, badge
- Campaign - postcards to psychiatrists & postcards to politicians
- Pottery and ceramics
- Sculpture and installation
- Printed reproductions on fabric, aluminium, and paper of both Falling UP digital art & Gugging Art
- Collaborative-outcomes as advocacy disseminated through public expositions, newspapers, Twitter, Facebook, and Television news channels
- Advocacy-performances through spoken exchanges with members of the public, politicians, and the media, including presentations to audiences – site-specific installations, PowerPoint lectures, guided-tours, conference contribution, infographics and data visualisations, and national postcard campaigns.

RA1's role during field trips - to capitalise on his new *identity* as a method I integrated Dad into research activities and assigned him the following tasks:

- To translate and communicate in German as required
- To look for any evidence in Gugging of indirect or overt art-teaching, art-training, art-coaching, or art-instruction
- To observe and document all types of interactions in the Atelier amongst Residents/Day Artists/Visitors/Guardians
- To take detailed notes of all activities in the Atelier, whilst I was conducting interviews, collaborating artistically, photographing or filming elsewhere
- To take observational photographs of both typical and atypical interactions between participants in the Gugging community
- To draw portraits of artists at work within the Atelier, to both emphasise his own creativity and to document the participants' postures of working, range of facial expressions, mood, concentration, and their individual work-practices
- To visit relevant exhibitions with me, in Gugging and beyond, to discuss and assist in their documentation for later analysis
- To intuitively participate in the life of Gugging
- To contribute two questions on life and art, at the end of each interview with Director Feilacher

Apart from Director Feilacher, a number of other key staff were interviewed at least once during each research visit:

- Nina Ansperger – Art education and exhibition management, MG
- Petra Byslovsky – Head of social work, ABC Project
- Philipp Giegerl – Art handling and registrar, GG
- Julia Haimburger – Guardian, Atelier
- Angelika Helfert – Nurse manager, HoA
- Maria Höger – Research assistant, MG
- Irina Katnik – Exhibition project manager & social media, GG
- Nina Katschnig – Director, GG
- Marion Koller – Location manager, head of marketing & sponsorship, MG
- Sabrine Ben Mansour – Exhibition production, GG
- Maria Parucki – Head of art education, MG
- Alja Piry – Guardian, Atelier
- Ramona Schnekenburger – Head Guardian, Atelier
- Irene Vonderlind – Office management & marketing, MG
- Edith Wildmann – Press and communications officer & social media, MG

The aggregation of arts-based assistive-approaches positioned me to observe Gugging's community as if I lived and worked there:

- Audio & video-recording and note-taking were made of ambient sound, visual environments, art-process, behaviours within events, formal ceremonies and informal social occasions
- As a stimulus, using selections from previous transcripts to promote focus
- Camera and audio devices given to Residents and Day Artists for their agency and self-narrative
- Drawing the Residents and Day Artists as they worked, as a means to indirectly probe their spaces of creative-process
- Ephemeral collaborative & creative play, as a means to examine spontaneity and creativity - Falling UP Gugging
- Fictive-based reality through Falling UP artefacts such as the *Puppe*, to share in a humanising congruence - Falling UP Gugging
- Soundscape art collaborations to give participants voice, and to assess their creative and social versatility - Falling UP Gugging
- Illustrations of my evolving perceptions of Gugging
- Data Visualisations representing my perspectives on Gugging
- My site-specific inclusive Falling UP art-process in Gugging's grounds, used to observe levels of participant engagement and response to public art
- Photographs and films of previous visits, for shared viewing with participants
- Photo-elicitation as a stimulus to sharing understandings of liminal events
- Poetry readings to express symbolised life experiences, beyond conversation
- Conversations in the streets of Vienna, to canvas perceptions of Gugging
- Visual prompt sheet-surveys to stimulate conversation and provide a summative point of perception
- Skype, SMS, and email communications to represent distanced-relationships
- RA1 & RA2 as translators of *un-translatable* Austrian expressions & customs

Data gathering equipment

My preference for particular cameras used in my research evolved out of necessity for convenience, affordability, performance, durability and ease of use. The iPhone 4S utilised in my first visit to Gugging in 2014 was deployed during all subsequent research visits up to May 2018. In 2014, what was to become a long-term continuous documentation and archival of my working process, began with a collage artwork, which I created in the Atelier. The collage process was recorded through its various stages of execution, and formed part of the outcome for my self-arranged MFA placement module. A number of collage-process images featured in my MFA blog representing ongoing insights into my experience of being an artist, *live* in the Atelier. The 8 megapixel camera on the iPhone 4S proved to have specification limitations that impacted on the depth and clarity of what could be captured effectively in the environment I inhabited. Although its video function of 1080p was more than adequate that was no compensation, for I did not need to employ this function within the MFA research focus of that particular trip. In what was to become a PhD *primer*, this experience enabled me to consider the overall feasibility of the use of an iPhone, as a broad-brush device to document the entire Gugging environment and its people. At the same time, I acknowledged the future requirement of additional high specification equipment with enhanced performance, to fully capture the range and depth of detail I experienced even then.

Over the course of my PhD studies, my arsenal of equipment expanded to include the following devices for still image, video capture and audio recordings:

- Sony Cyber-shot DSC-W800, still image capacity - 20 megapixels, and video capacity - 720p, 30 fps. (Dates used: research visits between February 2016 to March 2017)
- Panasonic HX-DC1, still image capacity - 14 megapixels, and video capacity - 1080p, 30fps. (Dates used: research visits between March 2016 to June 2017)
- KitVision Escape HD5 (Action Cam) - still image capacity - 1.3 megapixels, and video capacity - 720p, 30fps. (Dates used: research visits between June 2016 to March 2017)

- Nextbase 212 Lite Dash Cam - still image capacity - 1200W pixels, and video capacity - 1080p, 30fps. (Dates used: research visits between June 2016 to March 2017)
- Nikon Coolpix P500 - still image capacity - 12.1 megapixels, and video capacity - 1080p, 30fps. (Dates used: research visits between June 2016 to November 2017)
- Canon EOS 1300D - still image capacity - 18 megapixels, and video capacity - 1080p, 30 fps. (Dates used: research visits between November 2017 to November 2019)
- iPhone 7 Plus Dual camera - still image capacity - 12 megapixels and 7 megapixels, and video capacity - 4K, 30fps and 1080p, 30 fps/60 fps. (Dates used: research visits between September 2018 to November 2019)
- Philips DVT8010 Digital Voice Tracer - 8GB internal memory, inbuilt 3 Microphone System, MicroSD card slot and a rechargeable battery. Various recording formats such as MP3, WAV etc. Augmented as necessary by a Philips LFH9172 Conference Microphone (360-degrees), or a small directional microphone. (Dates used: research visits between November 2017 to November 2019)

Over the entire span of Gugging visits, RA1 opted to restrict his documentation to an iPhone 4 (with specifications of still image capacity - 5 megapixels, and video capacity - 720p, 30fps). This was primarily due to difficulty and discomfort when he operating other equipment of more demanding technical options; and as such, only very occasionally did he use the Sony Cyber-shot DSC-W800, and latterly, from September 2018, my iPhone 7 Plus.

Relatively quickly, by March 2017 three pieces of equipment were failing to meet my expectations. The Sony Cyber-shot DSC-W800 was ruled out of everyday use because of its significantly poor quality of image, with frequent blurring and a low depth of field. Nevertheless, it was retained as a back-up tool for RA1 to use because of its compact nature, and removed from my own tool kit. Eventually it was discarded as an option entirely, because RA1's iPhone 4 gave superior results, and a more efficient work-rate.

The other two problematic items were the KitVision Escape HD5 and the Nextbase 212 Lite Dash Cam. These were primarily purchased for kinetic operation to record 360-degrees video of activity in communal spaces. In the Atelier, both cameras in-tandem, were set up attached with twine to the legs of an easel mounted on a central worktable; then made to spin by my hand at pre-selected and random moments over two working days. These kinetic actions realised an unusual kinetic use of equipment, which was primarily designed to function as Action Cams for cyclists, and their more linear outdoor dynamic of event capturing. As a by-product, this method also provided research participants a direct insight into the playfulness and spontaneity of my data gathering strategy. A further application of both the KitVision Escape HD5 and the Nextbase 212 Lite Dash Cam was outdoors and sited on the path between the HoA and the ABC. I strung up the equipment from the branches of a tree between both buildings, to document patterns of participants' to and fro movements. This particular setup was an attempt to position a camera to capture data without the need for continuous operator presence. However, the Nextbase 212 Lite Dash Cam was difficult to tie into place for motional activity. Although, one of my handheld cameras, the Panasonic HX-DC1 functioned flexibly in this logistical arrangement and produced far superior video.

The Action Cams functioned differently, and with varying degrees of success. My choice to use them, at least initially, to capture both predictable and unpredictable occurrences in the Atelier and on the pathway between the HoA and the ABC, tested their individual capabilities to record movement. The cameras were setup to either rotate or be in slighter motion as free-hanging. As such, they did not focus on any specific fixed-point, as would have been the case in a more typical use of these cameras. There were positioning problems that stemmed from their smallness of physical size, very light weights, the curvilinear structure of the Nextbase 212 Lite Dash Cam, or balance difficulties due to centre of gravity in the KitVision Escape HD5.

On my next research visit to Gugging, an Atelier Guardian informed me that one Resident had feelings of being under surveillance when I deployed the Action Cams. Ironically, I had already intended to discontinue their use after reviewing the visual quality of the data accumulated in March 2017. This was due to both the methods

failing to record data that accurately documented the reality of life as it occurred in Gugging. By then, it had also occurred to me that such an overtly provocative and intrusive process might be inadvertently causing anxiety in the Residents.

From June 2016 to November 2017, the Nikon Coolpix P500 rendered the best results for detailed image and video quality. However, its inbuilt lens restricted my options for zoom depth, which ultimately determined my proximity to participants in order to obtain clear images of sufficient high quality. I used this camera attached to a Minipod Flexible Mini Pocket Tripod as the primary tool for video-recording interview subjects in conjunction with a digital audio recorder. This particular set-up of tripod and camera was adopted in the Atelier as my new primary means to catalogue group social-dynamics. It recorded the activity of multiple liminal spaces between the following:

- Resident and Resident
- Resident and Guardian
- Resident and Day Artist
- Resident and visitor
- Resident and other Gugging staff
- Guardian and Day Artist
- Guardian and visitor
- Guardian and other Gugging staff
- Guardian and Guardian
- Day Artist and Day Artist
- Day Artist and visitor
- Day Artist and other Gugging staff

In addition, and as a by-product, also recorded were both individual and group art-processes. Also documented was the interactivity between participants and myself or RA1.

The Nikon Coolpix P500 facilitated these tasks, and importantly had the capability for time-lapse photography to document spontaneous activity, providing me with sequences and patterns of movement in the spaces of focus (for example every 30 or

60 seconds). This camera could be positioned for the duration of a recording (typically between 15 to 25 minutes) safely under the watchful eye of RA1, when I needed to attend to other research tasks elsewhere. Normally, I would be present monitoring the camera and checking functioning at regular intervals, whilst simultaneously multi-tasking in the same space. Very seldomly, this camera was simply positioned on a table, when I absent-mindedly had forgotten to pack the tripod that particular day. This situation required camera angles to be carefully set and for the camera to be stabilised by placing it on top of several heavy books to compensate, and achieve the desired height from the table. Although this action simulated the elevation of the tripod mount, camera operation was severely hampered due to the lack of flexibility in camera tilt.

In November 2017, the Canon EOS 1300D replaced the Nikon Coolpix P500 (with the latter retained as a backup) and gave me the opportunity to achieve the highest quality photographs to date, and to use different lenses for the first time. This meant that using the standard 18-55mm lens in conjunction with the long-range lens of 75-300mm, the Canon EOS 1300D became the optimum arrangement to observe and document both Residents and Day Artists, in their different contexts and settings of routine. Using the 75-300mm lens I could photograph from a longer distance and see more naturally, partly because of my lower visibility as an observer. By this stage in my research activities, I had the accumulative experience of being technically informed through using all previous cameras in the field. With increasingly better results, I encouraged myself to become better acquainted with the technical specifications and the manual settings of the Canon EOS 1300D. Nevertheless, this proved to be quite a challenge, and with more variables in play I had to find the ability to gauge the ISO (the scale for measuring camera sensitivity to light), Shutter Speed (the length of time when the digital sensor inside the camera is exposed to light) and the Aperture (the size of opening in the lens by which light enters the camera) controls. Pre-set modes lessened this difficulty by removing complex operator-choice, but in doing so, rather restricted me to a less variable scale (where ISO, Shutter Speed and Aperture were pre-determined by default). Apart from video-recording interviews, I only used the Canon EOS 1300D in a handheld manner to take stills as I walked around Gugging, to and fro across different environments. Because I am not by nature technically minded, and can be forgetful, camera specifications repeatedly eluded me. Therefore, each successive research trip demanded that I refresh my memory to

operate the Canon EOS 1300D effectively. Many trial photographs were taken before a desired result was achieved. This caused some photo opportunities to be missed due to both my lack of operating speed, and when operating in differently-lit environments, indoors and outdoors. Both of which necessitated a practice of many on-the-spot alterations to camera settings, before I reached a rhythm of adequate efficiency.

By September 2018, in parallel to deploying the Canon EOS 1300D, I also operated my iPhone 7 Plus. This was an easy-to-use complementary alternative in many of those fleeting situations where a quick audio, video or still-image needed to be recorded and catalogued; obviating laborious and excessively long preparation of camera settings. It had become the consistent go-to-device, offering the best method to switch instantaneously between capturing stills and making a video. Both functions in an easy-to-carry convenient pocket-sized iPhone 7 Plus, gave more physical and psychological comfort when travelling around the Gugging campus. This was especially important when focusing on the myriad of spontaneous happenings in the Atelier. I was continually taking observational photographs and short film clips, whilst at the same time trying to become less intrusive, with less reliance on the high visibility of other digital cameras.

Following on from my MFA studies, the constant and long-term usage of audio-recording devices provided by the University of Dundee's Disability Service, were replaced when I bought a Philips DVT8010 Digital Voice Tracer. This new device proved to be the ideal choice for playback functionality and versatility, when documenting interviews. Its superior microphone, and in turn, its quality and clarity of audio replay were essential to permit me time-efficient interview transcription afterwards. Its rechargeable battery (50 hours per charge), considerable size of 8GB internal memory, the option for a MicroSD card, and its extreme reliability offered me huge confidence and improved scope for daily data gathering. Every interview that I conducted was documented with an audio recording, and the majority were also video recorded. The Philips DVT8010 Digital Voice Tracer had as standard, two internal stereo microphones and the option to attach externally to the Philips LFH9172 Conference Microphone. However, when recording under interview conditions, I found it best to connect a small directional single microphone, because the Conference Microphone inevitably picked up 360-degrees of unwanted sound. Nevertheless, the

addition of the Conference Microphone permitted me to chronicle the natural sounds of birds, the wind blowing through the trees, and the background sounds of Residents' lives around the HoA in the Vienna Woods. For this activity, I merely needed to place the recorder and the 360-degrees microphone atop my equipment bag, amidst the foliage. Similarly, I captured audio of the Residents performing their daily upkeep of the grounds surrounding the HoA. As time went on, and by the third year of my PhD studies, I decided to only audio record interviews.

The primary contribution by Falling UP experts to my process of analysis has been the following:

- Critical scepticism
- Comparators of professional practice
- Questioning assumptions
- Requesting further data to support research claims
- Expert opinion on the implications of data
- Speculative conceptualisation of data
- Experiential insight into working-practices with mentally ill patients
- Experiential insight into the success and failure of therapies, treatments, and institutional practices
- Suggestions for interview question topics and themes
- Suggestions for additional focus areas during research visits

Appendix E. Ethical consent proforma template for Austria – English and German

Drew Walker PhD student, University of Dundee, Scotland:
dmwalker@dundee.ac.uk

Project Title: The Importance of Place: Gugging, Patient, Art, Doctor und Die Welt

Introduction:

You are invited to be part of a research study that investigates the artistic and psychological process between patient-artist and artist-doctor in Gugging. As a researcher who is both an artist and mentally ill, I will be looking at:

1. the working methods and relationships between the Gugging Artists and Professor Doctor Feilacher/the Atelier Guardians.
2. the benefits to and the effects on all participants of working within that Gugging Process.
3. my own perceptions of the Gugging Process in the context of my own illness.

What is involved in the study:

Over the six visits I will make to Gugging, you will be asked to consent to being observed as you do your creative work. Observation of the Gugging Process will include participants being photographed and filmed as they operate within the Gugging environment. You will also be given the opportunity to communicate your feelings and experiences of being an important part of the Gugging process, in a personal interview.

Risks:

There is no intention to place any stress or special conditions on participants during this study. My intention is to blend in, as I have done during my previous four visits to the Atelier, and to observe the everyday life of Gugging. If you feel under any stress or strain I will immediately take steps to prevent further upset to you.

Benefits to taking part in the study:

Participation in this project will mean that your contribution to the Gugging Process will be represented as an example of special importance within the area of art and mental health. Those people who study the results of this research will be informed about the nature of and the potential benefits of the Gugging Process, to their own situation, circumstances and policies.

Confidentiality:

All information gathered during this project will only be used for academic purposes. Participants can remain anonymous if preferred. All data will be stored securely and only academic staff will have access. If published, participants may prefer to be named or to remain anonymous. My research aim is to improve art and healthcare through a wider knowledge of the example of the Gugging Process.

Your rights as a research participant:

Participation in this study is voluntary. You have the right not to participate at all or to leave the study at any time. If you choose to participate, you will be offered opportunities to review how you have been recorded or represented, and then invited to make comment and suggest any correction deemed necessary by you.

Contact for questions or problems:

If during the study you have any problems, experience any unexpected discomfort or have questions, please contact me through Professor Doctor Feilacher or you can contact my academic supervisor Professor Tracy Mackenna, at Duncan of Jordanstone College of Art and Design in the University of Dundee, Scotland.

Consent of subject (or legally authorized representative):

Signature of subject or representative

Date

Drew Walker PhD student, University of Dundee, Scotland: dmwalker@Dundee.ac.uk

Projekttitel:

Die Bedeutung des Ortes: Gugging, Patient, Kunst, Arzt und die Welt

Einleitung: Sie sind eingeladen, Teil einer Forschungsstudie zu sein, die das künstlerische und psychologische Modell zwischen Patienten-Künstler und Künstler-Arzt in Gugging untersucht. Als selbst betroffener Forscher, der sowohl Künstler als auch geistig erkrankt ist, möchte ich folgende Aspekte betrachten:

1. die Arbeitsmethoden und Beziehungen zwischen den Gugginger Künstlerinnen bzw. Künstlern und Professor Dr. Feilacher / bzw. den Atelier-Betreuerinnen und Betreuern
2. die Vorteile und Auswirkungen auf alle Teilnehmer/innen, die in diesem Gugginger Modell arbeiten
3. meine eigenen Wahrnehmungen des Gugginger Modells im Kontext bezogen auf meine eigene Erkrankung

Was in die Studie eingebunden ist:

Im Rahmen der sechs Besuche, die ich nach Gugging mache, werden Sie ersucht der Beobachtung Ihrer kreativen Arbeitsprozesse zuzustimmen. Beobachtung des Gugginger Modells inkludiert, dass daran teilnehmende Personen im Zuge ihrer Arbeit in der Gugginger Umgebung fotografiert und gefilmt werden dürfen. Als wichtiger Teil des Gugginger Modells werden Sie auch die Möglichkeit erhalten, in einem persönlichen Interview Ihre Gefühle und Erfahrungen mitzuteilen.

Risiken:

Es besteht keinerlei Absicht, die Teilnehmer/innen während der Studie irgendwelchen Belastungen oder speziellen Bedingungen auszusetzen. Meine Absicht ist mich einzufügen, so wie ich das bereits bei meinen vorausgegangenen vier Besuchen im Atelier gemacht habe und den Alltag in Gugging zu beobachten. Sollten Sie irgendwelche Belastung oder Anspannung (Druck) spüren, werde ich unverzüglich Schritte setzen um weitere Aufregung für Sie zu vermeiden.

Vorteile durch die Teilnahme an der Studie:

Die Teilnahme an diesem Projekt bedeutet, dass Ihr Beitrag im Gugginger Modell als Beispiel der besonderen Bedeutung innerhalb des Gebietes von Kunst und geistiger Gesundheit dargestellt wird. Jene Personen, die die Ergebnisse dieser Forschung studieren, werden über die Besonderheit und die potenziellen Vorteile des Gugginger Modells informiert werden, bezogen auf ihre eigene Situation, Umstände und Strategien.

Vertraulichkeit:

Alle während dieses Projektes erhaltenen Informationen werden nur für wissenschaftliche Zwecke verwendet werden. Teilnehmer/innen können anonym bleiben, wenn gewünscht. Alle Daten werden sicher gespeichert und nur wissenschaftliches Personal wird dazu Zugang erhalten. Im Falle einer Veröffentlichung mögen Teilnehmer/innen entweder namentlich erwähnt werden oder anonym bleiben. Mein Forschungsziel ist es, (das Zusammenspiel von?) Kunst und Gesundheitswesen durch breiteres Wissen am Beispiel des Gugginger Modells zu verbessern.

Ihre Rechte als Forschungsteilnehmer/in:

Die Teilnahme an dieser Studie erfolgt freiwillig. Sie haben das Recht daran überhaupt nicht teilzunehmen oder die Studie zu jeder Zeit zu verlassen. Wenn Sie sich entscheiden, daran teilzunehmen, werden Ihnen Möglichkeiten angeboten, zu überprüfen, wie Sie aufgenommen oder dargestellt wurden und Sie werden eingeladen, Kommentare abzugeben bzw. Vorschläge zur Verbesserung zu geben, die Sie für notwendig erachten.

Kontakt bei Fragen oder Problemen:

Sollten Sie während der Studie irgendwelche Probleme haben, unerwartetes Unbehagen oder Fragen auftauchen, kontaktieren Sie mich bitte durch Prof. Dr. Feilacher oder Sie können meinen wissenschaftlichen Betreuer Prof. Tracy Mackenna im Duncan of Jordanstone College of Art and Design in der Universität von Dundee, Schottland kontaktieren.

Zustimmung der Person (oder des rechtlich bevollmächtigten Vertreters):

Unterschrift der Person oder des Vertreters

Datum

Ethical consent proforma template for Scotland

Research Project: The Importance of Place: Gugging, Patient, Art, Doctor und die Welt.

You are invited to be part of the wider research conducted by Drew Walker University of Dundee Research/PhD student, which investigates working relationships between artists and staff in Gugging.

My wider research will explore the special importance of art in mental health.

Activities in Gugging, my main site of research focus will be recorded through photographs, film and tape-recordings.

As part of my wider research you are also asked to consent to your contributory interview being photographed, filmed and recorded on tape.

In that interview you will be invited to discuss your feelings and experiences of working in the practice of art and healthcare with the mentally ill, in a personal interview.

You will be offered opportunities to review how you have been represented and invited to comment.

Participation in this study is voluntary. You do not have to participate if you do not wish, or you may leave the study at any time.

All information gathered during this project will be stored securely and used for only academic and exhibition/exposition purposes, including any film work screening in presentation venues, which will focus on the research theme with the intention of disseminating the Gugging process.

If the results of the research are published, you may choose to be named or remain anonymous.

I,consent to be photographed, filmed and interviewed.

Signature of subject or legally authorised representative.

.....Date.....

Appendix F. Development of Falling UP 2.0; 3.0; 4.0; and 5.0

Falling UP expositions and interventions

Falling UP 1.0 is described in Chapter 3 on Methodology. Subsequent iterations, Falling UP 2.0, 3.0, 4.0 and 5.0, moved beyond the exclusivity of a gallery setting into domains that extended its audience demographic (see DV 8, p.209). All of those first 12 artefacts from Falling UP 1.0 carried over into other venues, allowing them to exist and articulate in new contexts and spaces, changing both the objects themselves and their new environments. The number of collaborators grew to include visitors who were drawn to participate in Falling UP's advocacy; thus, new collaborative outcomes emerged.

Falling UP 2.0 took place in Scotland's largest hospital, Forth Valley, during the month of June 2017. Its atrium foyer provided an enormous canvas of intervention for 25 collaborative artworks, to a footfall of around 30,000 hospital visitors and health-workers. This clinical yet public environment generated frequent spontaneous discussions with hospital staff, patients, and visitors. The most popular reaction to patients' general situation *of being passive, medicated and overlooked*, was that each demographic advocated that to become politically active and mobilising support was necessary for change.

At this time, Labour, Liberal Democrats, Scottish National Party and Conservative Members of The Scottish Parliament (MSPs) became interested in Falling UP; starting an informal process of cross-party support to raise awareness of Falling UP and the Gugging process. Early discussions with politicians centred on the topic of collaborating with me to target media coverage that could support my action research. Politicians participated in publicity events at Falling UP 2.0, The Scottish Parliament, and in my home. One public event was in the form of a particularly *artistic* kinetic arc of *150 postcards to psychiatrists & politicians*. These postcards were launched up into the air in front of The Scottish Parliament building, by the leaders of the Scottish Labour and the Scottish Liberal Democrat parties, and myself.

Falling UP 3.0 was sited in the Visual Research Centre at the Dundee Contemporary Arts during September 2017, and its target-demographic was academia, students,

trainee medical professionals, cultural visitors, its arthouse cinema and café culture regulars. Taking advantage of a versatile *white cube* space, Falling UP 3.0 featured an immersion for its visitors in a multi-sensory synaesthetic experience involving actors, recorded conversations with medical professionals, artist-books, video-projections, objects, sculptures, paintings, pottery, prints, graphics, comic books, crockery, and sketchbooks. These multifarious, overlapping narratives were like walking into a party, or being part of a movie; offering greater opportunity to provide a comprehensive and immersive engagement for visitors. Presenting the history of Gugging and visualisations of its present operations, Falling UP 3.0 was featured on STV news, through interviews with myself, and Falling UP collaborator Doctor Gary Wannan, the Chair of the British Medical Association Committee for Community Care.

Falling UP 4.0 took place in Dunfermline Abbey Church during April 2018, serving a demographic of tourists, Historic Scotland members, visitors to Dunfermline's new museum and art gallery, local people, and the church's own congregation. Falling UP 4.0 was a single soundscape of 30 collaborations, supported by a narrative film projection. Collectively, these focused on the theme of sanctuary and mental illness. For the first time in Scotland, Residents and Day Artists from Gugging were *exhibited*, with five Gugging-voices speaking directly to 5000 visitors to Dunfermline Abbey. STV news featured interviews about Falling UP's advocacy and Gugging, from the Reverend Mary-Ann Rennie, Labour MSP Alex Rowley, and myself.

With the political sponsorship of Alex Rowley, Falling UP 5.0 presented a lobbying exhibition inside the Scottish Parliament during December 2018. Its demographic was exclusively MSPs and their support staff. Falling UP collaborations centred on large scale data visualisations, artworks illustrating life in Gugging, and the original posters from Gugging's many exhibitions. Prominently, there were Falling UP collaborative *give-aways* in ready-to-take packs for all MSPs, along with a Falling UP narrative-collaboration Christmas Card featuring *Weihnachten in Gugging*. The MSP-package contained:

- Badges of Gugging imagery with a QR code linking to Gugging's website

- A Christmas card featuring a comic strip narrative of the Gugging process
- Art-postcards of the House of Artists
- A limited edition of artwork relating to the Gugging process by an RSA (Royal Society of Arts) artist Falling UP collaborator
- Construct a Gugging-spire card art
- 2 letters of endorsement and support for Falling UP from the Governor of Lower Austria Johanna Mikl Leitner, and Professor Murdo MacDonald, Emeritus Professor, University of Dundee

I personally presented the Christmas-packages to MSPs during the last three days before the Christmas-recess. Collectively, the give-aways made the case for the social, cultural, and mental health benefits of the Gugging process for Scotland. After individual, in-depth lobbying conversations with 40 MSPs across all parties, I was encouraged to return post PhD, to make a comprehensive presentation for political support based on the findings of my thesis.

Falling UP's collaborative practice of intervention has been influenced by Gugging's process of operating beyond theory in the real world. Falling UP expositions resist stigma, and generate support through their activism, and interaction with its audience demographics through culture, religion, politics, healthcare, and news media. This process has accrued direct engagements, which have led to practical developments in piloting aspects of the Gugging process; with the participation of Falling UP collaborators, in an *experience-knowledge-imagination* exchange in action.

Appendix G. Further discussion of Falling UP Silverburn

Negotiating methodology as third sector intervention - Falling UP at Silverburn

Christening the project *Falling UP Silverburn*, I employed an implementation that connected Falling UP's values of inclusion and shared activity, where service users would be mentored by Falling UP collaborators. The core-activity of group working would source deadwood from Silverburn Park to construct wooded-stags in woodland and on the seashore. This was designed to echo my own process of recovery in nature, and the origins of Falling UP as a relatable family-initiative on an accessible level. The activity encouraged clients to generate self-agency in action through Denzin's (2014, p.41), 'subjects as performers are constituted in and through their co-performative practices'.

The pilot-project began in May 2018 with a group of recovering addicts from Phoenix Futures Fife. After explaining my own background and present recovery-lifestyle, our joint-purpose was contextualised as the improvement of each other's recovery. Falling UP engaged service users creatively and playfully, generating *hands on* practice, where collaborative contributions were emphasised at every stage. Collective learning was encouraged through group decision-making, as we explored the woodland foraging for deadwood to create stag sculptures. Participants depended on each other when finding, cutting, moving, positioning, and tying heavy pieces of wood together in joint-creation of *their* fantasy creature.

In all participants, I observed positive feelings associated with their involvement in the mentored process of making. These feelings mitigated momentary anxiety and unwanted responsibility, to allow pragmatic problem-solving to flow. I restructured the mentoring-process for the second pilot in June 2018 with a different group of participants, having learned from the first pilot and its service users' condition-related initial low confidence, their lack of creative intuition, and their desire to be led through the activities. I became aware of the importance to accommodate service users' varied expectations and individual working-capacities. I understood and accepted that their focus, engagement, and motivation would fluctuate individually, in some cases several times each day. Delivery of the second pilot was modified accordingly:

- Collaboration and outcome to be made more flexible to enable micro-participation
- Service user satisfaction to become the staging-point at all levels and stages of participation to achieve success
- Derive cues from service users' behaviours to construct the most productive and enjoyable shared-practice
- Ensure that each service user is involved in working, helping, and contributing to their mentor's activity, until they believe they could use their own initiative
- Engage with the public visiting Silverburn Park, and to turn the collaboration into a relaxed social experience to engender a sense of wider community
- Extend the activity onto Silverburn beach

As the second pilot concluded, I was encouraged to apply to the Delivering Differently Project Fund by Pegs Bailey, the Fife Employability Development Officer from Fife Voluntary Action. This application was approved for Falling UP Silverburn to continue during October 2018, December 2018 and January 2019 using different service user groups. This development led to an external evaluation of Falling UP Silverburn's contribution to improving mental health, and increasing skills and employability for vulnerable service users. Since both pilots had been self-funded, the Delivering Differently Project Fund had allowed me to experience the provision of my activity as a service to clients and their health-carers, *as* a paid professional for the first time.

The importance of my experiential learning within Falling UP Silverburn, was to receive a clearer understanding of the roles fulfilled by Gugging staff responsible for the welfare and creativity of Residents; and having developed the groundwork for Falling UP Silverburn I could look at the infrastructural operation of Gugging from a different perspective. Participation amongst Falling UP collaborators and service users not only broadened and balanced my interpretations of shared-experience in creativity; I now also had a set of comparator-participants, who were patients and health-carers in Scotland.

As per the requirement of the Delivering Differently Project Fund, the measurement of service users' participation was through a questionnaire provided by RCO Consulting, an organisation specialising in health and social-care research and evaluation, founded by Doctor Rachel O'Donnell in 2013. This aspect was my introduction to questionnaire as derived-data to measure the efficacy of Falling UP Silverburn, and by extension my research into Gugging. I noted that the questionnaire would not reflect, or attempt to capture the *heart and soul* of an activity, nor to represent the spontaneity and playfulness in an ephemeral-process of collaborative creativity. Roswell (2011, p.340), argues that questionnaires, 'lack the sensory, face-to-face animation that happens between participants and researcher'. A questionnaire potentially undersold participant-voices, as it *paraphrased* valuable service user experience. Wood (in Hughes, R. 2016, pp.28-29) gives the example of therapists needing to listen to those under their care, giving attention to needs during short-span therapeutic work, stating:

People using a range of mental and physical health services report feelings (in different media) that they do not always feel empowered when efforts are made to show them that they are being heard and taken seriously.

Because of these reservations, in parallel to the RCO Consulting questionnaire I devised informal, more inclusive means through the service users' empowerment and involvement in self-evaluation. In agreement with all participants, I recorded the process using the following methods:

- Photo observations to document all aspects of the activities, to demonstrate mutual participation, and individual collaborative responses
- Encouraging clients to take photos during the activity, to gauge self-reflection and pride in participation
- Audio-recordings of participation and reactions to making together
- Video-recordings of impromptu conversational-engagements, and the sharing of stories of recovery
- Photographing the situating of outcome-constructions within the park and on the seashore
- Photographing encounters and conversations with the public

Photography was a key method to generate social belonging and pride in creativity, and for participants to leave their presence on the evaluation process itself. Rose (2016, pp.330-331) states that many researchers choose photo-elicitation as a method because:

They think that the images themselves are often more evocative of the sensory, as well as richer in information, than interview talk or written text can be, and that research-participants' talk about images can be particularly revealing about the affective aspects of their experiences.

Rose (2016, p.332.) further indicates the blurring of the role that images play in arts-based research as images in the bracket of data, and also that of images in the realm of dissemination, commenting upon the participatory nature of arts-based research as facilitated by an artist. Edensor (2005, p.16) states that, 'Photographs are never merely visual but in fact conjure up *synaesthetic and kinaesthetic effects*, for the visual provokes other sensory responses'.

My methods for analysis build on integrative mixed methods research interactions, as outlined by Poth (2018):

- Committed to responsiveness – Forming diversity
- Fostering Candour – Capitalising on differences
- The norming of relations – Negotiating routines
- Performing as a Team – Sustaining synergies (Ibid, p.216).

Conversations with service users enabled the activity to evolve flexibly, based on participants' needs and abilities. Initial concerns for their physical disabilities proved challenging in theory, but were overcome in action. McNiff and Whitehead (2010) highlight a process of development through their *action-reflection cycle*, revealing a practical sequence of engagement as:

- Observe
- Reflect
- Act

- Evaluate
- Modify
- Move in new directions (Ibid, p.9).

Using reflective process, I consider Falling UP Silverburn activities to evidence *inclusivity* across age, gender, social background, beliefs, and values; and to ground the activity in an accepting environment towards better holistic mental wellbeing, and respect for identity and personality. Our process of social bonding in nature, deployed art-process as a tool to encourage the absorption of many different perspectives and inputs. Wood (in Hughes, 2016, p.36) states that, ‘Absorption can be the opposite of alienation, and making art has the potential to re-engage a person in their own agency and life’. The function of the wooded-stags *as* art was not as important as the positive affirmation through working effectively as a group, assimilating new skills, peer bonding, and functioning in partnership with others; together these were prioritised as a holistic experience for clients.

To a certain degree, there was an echo of the process of Gugging in Falling UP Silverburn; my being *inside* that process illuminated elements of the Gugging staff/Resident intercommunication and coordination, which for me, could have remained in the shadows. Now I was inspired to ask in a different way about the Residents’, Day Artists’, and staff’s feelings on art, health, and community. I was considerably influenced by the use of the RCO Consulting questionnaires in Falling UP Silverburn; and I subsequently used visual prompt sheet-surveys to complement my qualitative methods with research participants in field trips to Austria.

Appendix H. Beacon of Hope - reflections on Gugging by Professor Richard Kilborn (RA2) - transcribed from the audio recording

- Right at the outset, I must emphasise that what follows are a series of personal reflections, rather than any attempt to produce a critical assessment of Gugging as an institution and of the kind of art produced by Gugging artists.
- This partly explains why I have chosen to voice these reflections on tape rather than set them down in written form. I reckon that having to express my thoughts and feelings about Gugging through the spoken word might enable me to communicate more about what Gugging signifies and what it means to the individuals who live and work there, than I would be able to if I were setting out to do this more prosaically in writing.
- I'm therefore doing this working from a set of notes that I've prepared, as I look back on how Gugging first came into my life and what my various encounters with Gugging have meant for me to date.
- I first heard about Gugging in the Autumn of 2018 when I attended a gathering at a friend's house somewhere in Midlothian. The friend was selling off some of the drawings and paintings she had produced over the last 20 or so years in order to provide her and her partner with the financial wherewithal to move back to her native Hungary.
- It was at this event, where art was very much centre-stage, that I first heard about Gugging. For it was here that I first made the acquaintance of Drew Walker and his father Rab.
- It's significant for this story – which is very much a Gugging story – that I first got into conversation with Drew, because he was standing, rather shyly, in a corner of the room somewhat removed from the main auctioning

event. I wasn't sure whether this was because he wasn't certain whether he wished to participate or whether he felt ill at ease in this environment. Well, since I myself – as a non-artist – also felt rather an outsider and didn't really feel able to converse with people who I supposed to be art connoisseurs, I gravitated towards Drew and we quickly got into conversation.

- After the usual pleasantries, he began to talk about the work he was currently engaged on. The more he explained, the more fascinated I became. He was very frank and open with me, telling me that he had been diagnosed with OCD and Asperger's Syndrome and that this had led to him having to take a longish break from his art studies. With a lot of professional help from NHS doctors and with the loving support of his parents he had now made sufficient of a recovery to start work again at DJCAD, and was currently working on a practice-based PhD for the University of Dundee. But it was when he began to tell me about the subject of his project that I became more and more intrigued.
- To understand why I was so intrigued, I have to briefly tell you something about my own background before returning to Gugging. I am a semi-retired academic from Stirling University (in Scotland) who has spent the last 4 decades or so working in the area of Media and Communication Studies. Before that, however, I had been a student and then teacher of German. When I was studying at Nottingham University, I had written a post-grad dissertation on the subject of the Austrian lyric poet Georg Trakl. And here's the first connection with Gugging. Like many of the Gugging artists to whom I was much later introduced, Trakl had also gone through a lot of trials and tribulations before finding his poetic voice. So, when Drew first started telling me about the Gugging artists and what many of them had been through before discovering their creative talent, I immediately thought of dear Georg Trakl. Poor Trakl clearly had what would now be diagnosed as a schizophrenic condition, and there have indeed been some

critics who have attempted to look for the signs of this condition in his poetry.

- As Drew went on to tell me more about Gugging, how it had been established and the transformative influence it was having on many lives, I was reminded of the other work I have been doing much more recently. For the past 3 or 4 years I have worked in various groups that have been helping and supporting those who have been diagnosed with dementia. Some of this work has involved attempts to destigmatize the condition. Some of it has taken the form of helping those living with dementia discover or re-discover abilities and talents that may have remained latent within them for many a long year. You can see where I'm going here. I'm not suggesting that there are any direct connections between people living with dementia and artists living and working in Gugging. What I am suggesting, however, is that my work with people living with dementia has helped to a better understanding of what Gugging is all about.
- But I'm jumping ahead of myself here. Back to my first meeting with Drew. After the initial exchange of pleasantries, Drew began to tell me more about how exactly Gugging had come into his life. I remember him telling me about how he and Rab first learned about the existence of this ground-breaking institution situated a few kilometres outside Vienna. And then, how – once having been introduced to it he had quickly decided that that he would make Gugging the focus of his practice-based PhD. I should also add here that Drew himself is an accomplished artist and is therefore well qualified to write about the benefits that can accrue when you are able to tap into your creative, artistic resources to help see you through a tough phase in your life.
- Having heard Drew talk so enthusiastically about Gugging immediately stimulated my own interest in the place. What also intrigued me was the discovery that Drew's father Rab is himself half-Austrian. I wondered whether part of the attraction of Gugging for Rab and Drew might lie in

the opportunities that visiting the place might open for reconnecting in some way with that Austrian parts of themselves (And I suppose - if I'm being honest – the same holds true for me!).

- At this stage I think I should say something about the passionate interest that Drew, and his father have shown about spreading the word about Gugging. It almost amounts to missionary zeal. Both of them have become enthusiastic champions of the place. One of their longer-term aspirations – I think it pretty well an open secret – is to be able to replicate the Gugging concept or idea somewhere here in Scotland. They already have had some success in awakening the interest of a number of Members of the Scottish Parliament and in December last year they staged an event at Holyrood at which they showcased some of Drew's work on the Gugging Artists.
- Okay, so after these initial exchanges with Drew and Rab, my appetite for Gugging was well and truly whetted. It also quickly dawned on me that I could offer Drew some decidedly practical help. Given my background, I'm still very fluent in German. I knew that Drew was looking for some help when it came to interviewing some of the oldest members of the Gugging community in their native German. It was at this point that the idea began to ripen that I might be able to accompany Drew and Rab the next time they sallied forth to Gugging.
- In the meantime, I set about discovering as much as I could about Gugging through some extensive reading and Internet searching. I read a good deal about people who have, over the years, been associated with the Gugging project. Slowly but surely, and in spite of having to overcome a number of hurdles, a number of individuals from a variety of backgrounds – both artistic and psychiatric – have worked to enable Gugging to become what it is today: in dear Drew's own words: "An innovative institution where everyone works together as part of a creative system, each [person] empowering the other towards a sustainable and rewarding life-style with meaning and purpose".

- The first thing that struck me in my background reading on Gugging was the extent to which the early years of its development had been male-dominated. I make this point as an observation rather than as a criticism – and perhaps it's more a reflection of the state of Austrian society a generation or two ago rather than Gugging itself. What I would say, however, is that when I actually visited Gugging early in 2019, one of the things that struck me was how many women had moved into positions of responsibility.
- What also struck me in the course of my background reading was how many of those who had played a key role in making Gugging what it is today came from a multi-disciplinary background. Several of them had trained in medicine or psychiatry, but at the same time had developed more than a passing interest in art and in the creative processes involved in the production of art. The present director of Gugging, Johann Feilacher, for instance, is a classic example of what I might call the holistic approach and what can be achieved by enabling individuals to realise their creative potential if only they are given the opportunity.
- Feilacher is also one of those people who believes in leading by example. Over the last few decades he has been fostering the development of Gugging as a thriving therapeutic community. To those who have encountered some form of mental illness it offers the opportunity to express themselves through various forms of artwork to which they apply themselves with both vigour and dedication. Very commendably, Feilacher has also maintained his activity as a practising artist and has developed a reputation as an artist specialising in fashioning sculptured creations from wood.
- What is central to Feilacher's vision for Gugging is that – whatever other functions the place might fulfil – it is a place where art and everything involved in the production of art is to be given the highest priority. These views represent something of a shift from the attitudes of an earlier

generation of psychiatrists who tended to place greater emphasis on the therapeutic benefits of artistic activity for those confronting the diverse challenges of mental illness. Translated into practical terms, this has meant that, for Feilacher, Gugging's 'mission' should not only be seen as providing residents with the material conditions to practise their art. To an equal, if not greater degree it should focus attention on the aesthetic or expressive value of what is produced. You could almost go so far as to claim that this is "Art for Art's Sake". Given this shift in emphasis, I was naturally very curious to see – when the time came for me to visit Gugging in the company of Drew and Rab – to what extent these ideas could actually be carried over into practice.

- Having read so much about Gugging and having heard so much about the place from Drew and Rab, I was naturally full of anticipation as to what I would experience when I encountered it 'for real' for the first time. The opportunity came when in early February 2019, Drew, Rab and I set out on a week-long visit.
- As we walked up the hill towards what is known as the 'Art Brut Centre' in Gugging, I was reminded of the beginning of Thomas Mann's famous novel *The Magic Mountain*. In the novel the chief protagonist Hans Castorp is also witnessed entering a hitherto unknown world, in this case high up in the Swiss Alps. Hans is there to visit his sick cousin who is recovering from tuberculosis in a sanatorium near to Davos. This proves to be a life-transforming experience for Hans – and as I approached Gugging's hilltop location, I also began to wonder whether what awaited me was a similar kind of transformative experience.
- During a week-long stay in Gugging I was able to spend my time observing all that went on in this place. I had long conversations with people working there and I also spoke with the Gugging artists themselves. It's difficult to describe the overall impact that a place has on you, but I can honestly say that it was in many ways transformative. It made me recognise that such a

place can indeed succeed in the task of helping those who might otherwise have been cast aside, side-lined or forgotten, to gain (or regain) a sense of purpose and self-worth by developing or honing their artistic abilities. To be sure, this was a place that did, in some measure, perform a therapeutic function, but at the same time it was offering so much more. For me, an outsider, encountering Gugging for the first time, I quickly began to recognise how a system had been set up that allowed individual residents in the so-called 'House of Artists' to live and work within a truly sustaining and supportive community. And living within this community they were empowered to express themselves through their art. I'm fully aware that we've got used to paying lip service to the idea of empowerment, but in the Gugging context the word empowerment exactly describes the confidence and esteem felt by the artists in this nurturing environment.

- During my week in Gugging I spent a lot of time simply observing the artists in their working environment, the Atelier, that forms part of the central building in the Gugging complex. What I witnessed there very much supports the claim that Gugging provides an enabling environment for those who are fortunate to find a place there. All the artists who I observed in the Atelier were clearly benefitting from being able to work alongside other like-minded individuals in a setting in which they felt comfortably 'at home'. Individual artists like Andi, Erich, Jürgen and Katharina were all left to their own devices and inclinations and only rarely would one of the Atelier assistants intervene to provide help or support. As an observer in the Atelier you felt that these assistants were being benevolently vigilant rather than involving themselves in any form of direct supervision. They were, for instance, very alert to when one of those present might be experiencing a form of physical or emotional discomfort and in some cases would also anticipate when an artist might be requiring to be supplied with additional material such as paints or paper.
- In general, however, one felt that all those associated with developing the Gugging concept or approach have succeeded in creating an environment

where each resident felt respect for, and indeed kinship with others in the group. Yes, there was a discernible sense of structure but there was nothing coercive or overly schoolmasterly about how the place operated. It struck me rather that a careful balance had been achieved between, on the one hand, the creation of a work-centred environment, and on the other hand, the strong sense that this was a mutually supportive community. There was, however, - and it's important to say this in the light of criticism of Gugging emanating from some quarters – no evidence whatsoever of any pressure being applied in order, as it were, to maximise artists' productivity. This was an atmosphere rather where occasional bits of social interaction were tolerated, if not encouraged: but there was also an overriding sense that this was an art-centred and work-focussed environment.

- I should perhaps at this point say something about the role played by Atelier assistants. Like all those who come to work in Gugging, the assistants play an important role in creating and maintaining an atmosphere that is conducive to artists realising their full potential. The very first day I spent in Gugging, I'd spotted as I entered the building that houses the museum, the gallery and the atelier that quite a number of the support staff (including atelier assistants), had gathered for what looked like a pow-wow session in one of the meeting rooms. I learned afterwards that this was a daily meeting where many of those involved in the management or everyday running of the place gather to discuss issues affecting the well-being of residents, or plans for further development.
- I think that this emphasis on ensuring that everyone is actively involved provides the key to Gugging's success. There is a strong sense of people belonging to and identifying with a community. Everyone seems proud of the work they do and the role they play in the overall scheme of things. This is apparent not just in the attention given to tending to the artists' workaday needs, but also in the pastoral care and medical support given to residents. In the time when they are not working in the atelier, residents

spend much of their time in their domestic quarters, otherwise known as the House of Artists.

- As with every aspect of life in Gugging the House of Artists is characterised by a strong community spirit. It's here that you encounter individual artists in a more relaxed mood. What I noticed was that one or two of those who had been relatively taciturn in the atelier became positively talkative in their more domestic environment. It's also here in the House of Artists that you get a better idea of the support structures that have been put in place to ensure the emotional, physical and psychological well-being of the long-term residents. All those who are employed in a caring or supportive capacity show both respect and affection for residents. For me it was especially gratifying to learn that there are a number of staff members who have spent almost all their working lives in Gugging. One member of staff with whom I spoke at great length, for instance, took a lot of pride in the role she had played in Gugging's development and in the creation of a caring nurturing environment in the House of Artists.
- She was also someone who had grown up in the town of Gugging and spoke in very positive terms of the impact that the House of Artists had had for the whole neighbourhood. For those living in the neighbourhood this whole development has been especially gratifying in the light of what was known to have happened in the 1930s and 1940s. During this period Gugging had acquired a fearsome reputation when it served as a psychiatric institution in which hundreds of mental patients were incarcerated, abused and murdered. Some of those I spoke to in Gugging – especially those who belonged to the older generation - were all too aware of the dark shadow that had once lowered over Gugging. All the more reason, therefore, to celebrate the fact that Gugging is now primarily identified with a project that is wonderfully life-affirming, one that sends out a beacon of hope to the whole world. For those who have experienced mental illness and have gone on to become a part of Gugging's art-based therapeutic community,

Gugging offers both hope and indeed inspiration. And as I've already suggested, it can have a truly transformative impact.

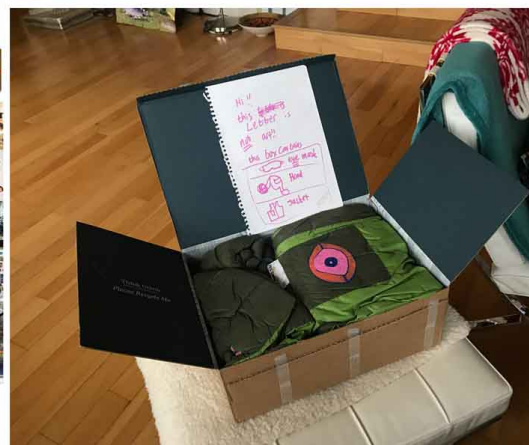
- It's not only this aspect that needs to be celebrated. There's an additional sense in which the art practices carried out in Gugging and the art works produced there might be considered to have exemplary value. More specifically, it has to do with the kind of work that the resident artists produce. I'm not an artist myself, but have come to accept that what has been and is still being created in the Gugging atelier is generally described as Outsider Art.
- Outsider Art refers to the kind of art produced or created outside the mainstream of official culture or any established art-scene. For those who take more traditionalist views of what art should be, outsider art is often considered to be beyond the pale, the kind of art that may in some cases be considered unworthy of serious consideration or even contemptible. This leads me to make a point that has to do with Gugging's very particular history. In those dark days in the 1930s when Austria became incorporated into the Greater German Reich, the Nazi Party was subjecting art itself to a thorough-going reassessment. Many forms of modernist, experimental art – art that was not unlike some of the work being produced by today's generation of artists in Gugging – was declared to be degenerate. This concept of degeneracy became firmly entrenched in Nazi policy and led to many artists being marginalised and often driven into exile. Their work was withdrawn or otherwise hidden from view and it became the object of ridicule and derision.
- It is against this kind of historical background that one needs to take the measure of Gugging's achievement in more recent times. Not only are a select number of artists recovering from mental illness able to involve themselves in a form of creative artistic activity that has to be seen as purposeful and fulfilling. The works themselves – the tangible outcome of all this fulfilling activity – are on open display in the gallery space that

forms part of the Gugging complex. I can think of few more heart-warming and life-affirming experiences than being taken into and shown round one of these galleries by one of the artists whose work is on display there.

- Having spent but one week in Gugging in the company of Drew and Rab, one cannot fail to be impressed by what is being achieved there. Individuals who might otherwise have lived lonely lives separated from the wider community have now been brought into the Gugging fold and given new prospects. Not all those who are integrated in this way will be able to prosper to the same degree, but all will be given the opportunity to work in a supportive environment, one in which they can discover a sense of purpose in their lives and also be accorded some sense of external acknowledgment.
- Nowadays, in many so-called advanced Western societies, much thought is being given to ways in which the mental health and well-being of all citizens can be promoted and sustained. Indulging in some form of artistic or creative activity is now generally regarded as making a significant contribution, both to the lives of individuals, but also to the cultural life of the wider community, however you may wish to define it.
- There's so much more to tell about Gugging and the inspiration it has given both to those who live and work there, but also to people like me who learned about its existence quite by chance – or should that be serendipity? The art produced in Gugging is not only exhibited in-house; it is also shown in galleries and other spaces throughout the world. As such, it offers that 'beacon of hope' about which I spoke earlier. And it is, of course, not just hope-inspiring and positive for the artists themselves. In today's world, in which all kinds of new divisions have opened up between different sections of society, Gugging is a real symbol of hope about what can be achieved when members of a particular community embark collectively on an enterprise – with art as its centre – which strives for the well-being of all.

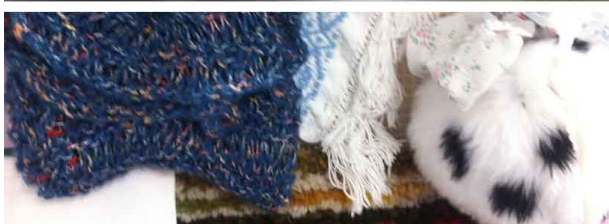
- My friend Drew describes one of the aims of his own project as that of replicating the Gugging model here in Scotland. An associated aim will be. – in Drew’s words: that of “promoting cross-cultural acceptance of the art made by those with mental illness as art” But more than that, “it is an invitation to a better way for people to live in our society”.

The collage consists of several pieces of children's artwork. On the left, there is a drawing of a house with a yellow roof and a person wearing a yellow hat and glasses, with the text "WE PERFORM". Below it, there is a drawing of a target with an arrow in the bullseye and the text "Unyielding ≠ unfun". On the right, there is a drawing titled "inside (not art)" with the subtitle "(PAPER FOR ART)". It features a stick figure holding a paintbrush, a target with an arrow, and various handwritten notes and drawings.



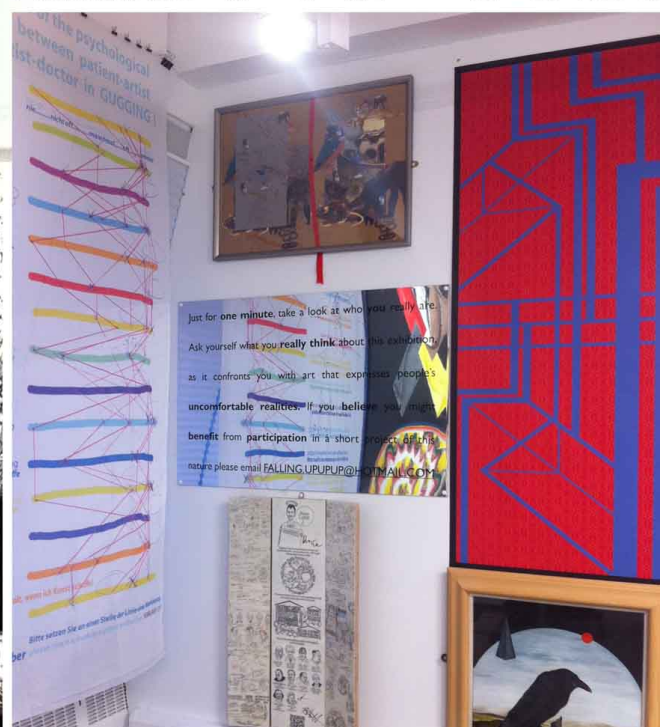
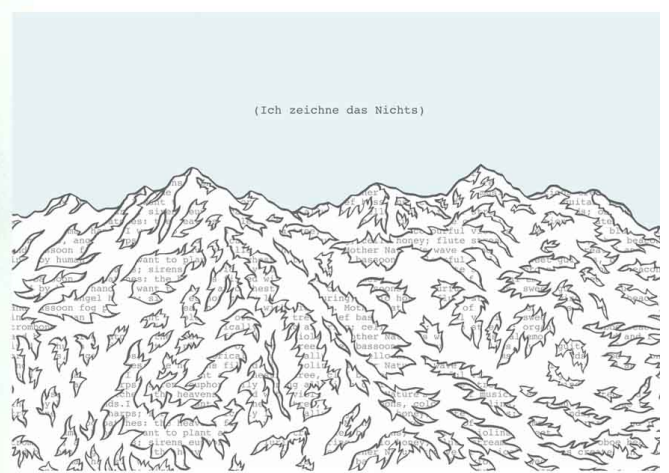


**Falling UP 6.0 in room 5009 of the Matthew Building
in Duncan of Jordanstone College of Art and Design**





**Falling UP 6.0 in room 5009 of the Matthew Building
in Duncan of Jordanstone College of Art and Design**

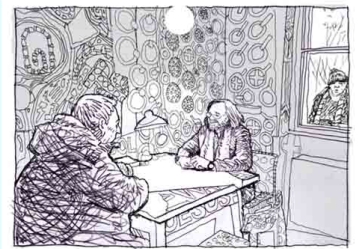




Falling UP 6.0 in room 5009 of the Matthew Building in Duncan of Jordanstone College of Art and Design



"Careful David, we have to get this Artwork into the Gugging House of Artists in the best of condition."
Interested in knowing more? Contact Drew at: FallingUPisBetter@gmail.com



The place in Austria: Gugging.
Phonetic pronunciation: Guggrj.
Living In Art • In Society • Und Die Welt
Interested in knowing more? Contact Drew at: FallingUPisBetter@gmail.com



GUGGING family EMPOWERS

Nina Katschnig, Director of Galerie Gugging, Johann Garber, Gugging artist of global fame and Johann Feilacher, artist and psychiatrist Director of Gugging, have respectively for 25 years, 50 years and 35 years been a part of the House of Artists in Gugging, Austria



Nina speaks of Gugging as, "a feeling where many things are possible. It goes beyond what is possible. Its people serve as role models to each other and to other people."

Johann G. says of Gugging, "the world is pleasant, and palpable. The beautiful world is within reach."

Johann F. describes Gugging as, "an installation. A living installation. And a living installation always changes."

'The greatness of life can be measured by the greatness of one moment.'

Viktor Frankl

Appendix J. Coda

The following section was written by my Mother

Mental health is now bandied about continuously in all areas of life, more so because of the Covid-19 crisis. However, even though it is discussed, that usually ends in impasse or feelings of an inability to do anything to improve either a general or a personal health crisis (state of mental health facilities, access, time-limited treatment, wait for treatment, expertise of staff, mental health of staff, Gemma's precarious situation, with no ability to section her).

In other words, a state of *crisis* is probably an understatement. What is required is a response to the equivalent of today's NHS Covid-19 experience and the Government release of monies and research and training for this physical crisis. Also, it's acknowledgement of the emerging mental health problems created by the virus for its sufferers *and* carers, long as well as short term. A *dreadful* lack of care, commitment, funding and overall ability to understand the human misery endured, and apparently growing amongst populations (strangely more in the young?) around the world.

How to *live* with poor ongoing mental health *now* if you are a sufferer, during a wait for treatment? Scant (if any) support, intermittent at best (personal experience of Drew). Gugging accepts the mental health 'imbalance' in its Residents and works them, and with them *unless* in crisis. They are not abandoned *but* must adhere to a routine. Well proven as a treatment for robust mental health and an approach to stability for individuals *and* society. In Scotland that routine is difficult to establish long-term (funding, change of policy, lack of staff, little linked-support or access to providers – area dependent, piecemeal unless ironically, if you are *locked up*).

Media quotes are showing an outrage and empathy but a powerlessness also shines through. Mental health like a cancer can return despite treatment. Stigma, or rather fear from employers – would *you* choose to employ someone who is 'fragile'? More reporting shows that a relaxing hobby or downtime is vital to our wellbeing. People are creative but perhaps do not see or understand the *real* relevance or value of using a creative thing as an end in itself – not merely a *therapy*! To become *mindless* and *relaxed* rather than *mindful* and *focused* on being productive and creative and

purposeful. Gugging believes in this; some ‘artists’ require drugs to balance brain chemistry levels but it is the art done daily, some over decades – that is the ‘normaliser’.

Discussion of Residents’ mental health is *not* the focus, certainly *not* to the Residents themselves. Staff within Gugging meet daily to work out problems discerned and how to resolve these, but the Residents have the freedom to be themselves (unless a *major* conflict could result if left unchecked). In other words, their job, livelihood and purpose. Are they happy? Residents have the luxury of continuity and a team of *long-term* staff, in the main. A business model that is robust, successful, recognised within the art world, and has international approval within this area.

Do the Residents have ‘in-depth’ discussions about their views, feelings about the world, life, etc? Probably not, but how many ‘well’ people indulge in this way? So, it is *normal* then! Would we in Scotland benefit from this approach rather than drugs as the number 1, or Cognitive Behavioural Therapy (CBT) aligned to drugs? I am biased against this, again from a personal experience as some mental illness necessitates the individual to *talk* endlessly about themselves, as it is all consuming - their world. To remove CBT or another talking therapy would be destructive. *But* to link this art at the commencement of treatment would be beneficial to some.

Gugging brings society in, and does not *isolate* itself from society. It has to be said that a particular ‘kind’ of society *seeks out* those in Gugging. The wealthy, the curious, the creative. Locals are less keen to interact, despite education and advertising. So, mental health has a stigma or a superstition around the world it would appear. People who are *removed* from the conventional way of living and understanding the world are viewed as ones to be tolerated at best, shunned at worst. Their unusual, skewed thinking or verbalising can be unsettling and disturbing. Strangely, in society we often seek out in our leisure time the absurd (comedy, alternative *woke* shows), the controversial (rap music, fashion), the horrific (sci-fi films, addiction to hardcore pornography, paedophilia, drugs) – in order to, I suppose, destabilise our thinking *or* the mundanity of life.

But we do not have a strong, enduring empathy for those who have *not* sought out a life-long affliction to disturbed thinking or actions. Schizophrenia is still a frightening word to me. Depression is a shadow in my family tree. Solitary living is another area affecting the family. A lack of connecting to the world.

Do we need Gugging to be available here? It's like saying do we care enough about ourselves? Cynicism is a strong Scottish trait, stoicism used to be. One good thing about Covid-19 is that people now understand the fragility of life and how much we take for granted until our routines and freedoms are removed.

We can give these back to those who suffer mental health illness by offering choices and stability. The Gugging approach gives this. Is it possible to use existing services and areas of expertise to begin to create a start to a Gugging? The only way to find out is to do it!

Evidence on the table shows a *vast* depth of research. Perhaps there needs to be a concise sheet about how funding allows it to function or to put it more clearly alongside other information. This would be the first question asked.

How to do it – rather than ‘why?’ or ‘what are the benefits today?’ - more than ever we all know that ALL avenues must be explored. After all, cancer cures/research NEVER ceases. So why not the same for *mind* cancers like mental illness?

How do you recognise *success*? Can you be *cured* of mental illness? Will you always need to participate in a Gugging? Are you a financial drain on the state – this is where the Scottish Parliament comes in I suppose. It boils down to *money* and a *desire* to make sustained constructive *progression* and change. But many agencies need to connect and I don't think Scotland is good at that (think Police Scotland! Val McDermid books!) Of course, it *should* be tried, trialled or a version that is designed to evolve into a linked approach to using creativity to improve mental health and life.